AUGUST 12, 1979 7:004	WOSAA		ANG
	55. 1.c5 7.c ∧c.	24 F	o [e. 5]
719616			the ine
73 7 78	MEMORT AL		CUMBERLAND
2005 Face Street	b. 6.°	to garden de	enilar Inches
201.1 1.0 L 1.0 102.1	rin Jno	ſ	redered
יסו ליי שריילפור, כ	rell corps of	STANTS	C
	De alter on a		
RIAL MEDICAL BLDC.	MEMC		
IERLAND, MD. 21502	CUME	TORRES	.9 OGAMA .90
innigra (ratori (rafrantu)	40 eenur t		relocies -moses

BALTIMORE CITY OR COUNTY OF DEATH 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

Yupe Palm Bay, Fla Mr. Fred Weisenmiller, P. O. Box # 242 32905

19-18522

11:50P M

STATE

HOURS

APPROXIMATE INTERVAL

IN CERTIFYING CAUSES OF DEATH?

COUNTY

22c. DATE SIGNED 8-9-79

202 GREENE ST., 1250 DATE REC'D. BY REGISTRAR 736 REGISTRAR 350 GHATTRE COMP 24 FUNERAL DIRECTOR H. Wayne George "GEORGES FUNERAL HOME, CUMBERLAND, MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYBENES

DHMH - 16 50M 7/77 (VRA 15 (4))

FOR - STATE

REGISTRAR

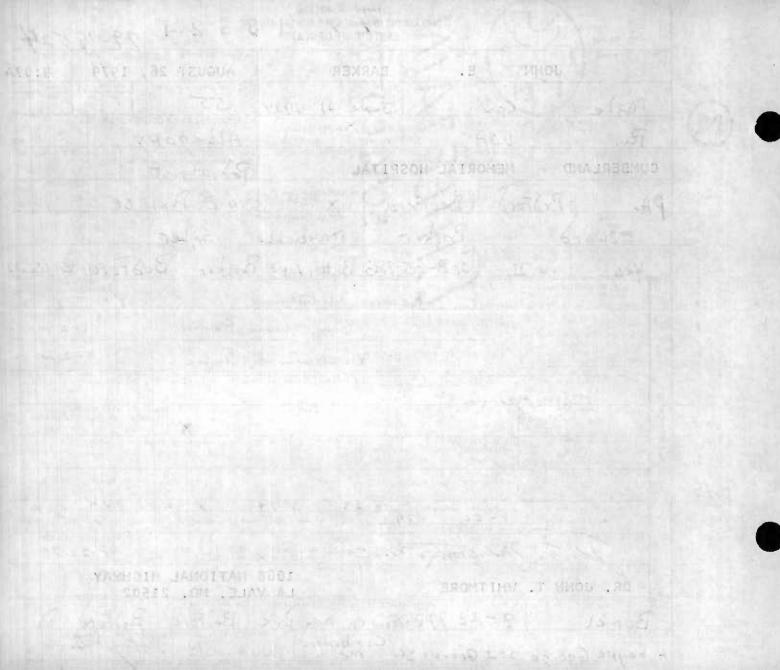
The state of the s	1 , 12	THE REPORT AND	3	Ynne de la
				La trade
	A CHELVIA SOL		1 2 19	
3 m m		10,1113	Carries	1 4-5 201-17
		W. T. park of the		
	The statement of	for the same start		

(MA)		FOR STATE REGISTRAR		ME	DEPART DICAL	STA MENT OF EXAMIN	HEALT	ARYLAN AND ME CERVIFIC	NTAL HY	F DEAT		79.	1852	3
		CEASED NAME E OR PRINT)	John	n Ho	ulen		As	hton		20.	OF ESTI- DEATH MATE	B-1	8-79 1:	26. HOUR 45p M
SSARY, PLE AL DIRECT ? YOUR FIL IN 72 HOU STON STR	3. SEX		White	DEC. 30,	1921		ARS IF UI AY) MONT	DER 1 YR.	HOURS		DATE ONOUNCED DEAD	8-1	8-79 1:	45p
VECESSA CUNERAL S FOR Y WITHIN	7a. BI	RTHPLACE (51 REIGN COUNTRY)	Ohio	76. CITIZEN OF W	USA	NTRY?	8 MARR WIDOV	IED NEV	ER MARRIE	D LA	A 1 lega		NTY OF DEATH	MD
ELAY IS P TO THE P PAGE SEFILED,		mber 1		Sacred						Neve	OCCUPATION	Y (TYPE OF WORK	or indust None	ISINESS RY
IF ANY DE S. AND 3 T. SHOULD BREECORDS		L RESIDENCE	IF IN NURSING HOME	OR OTHER INSTITUTION, GIVEN		OR TOWN		13d. INSIDE CIT	Y LIMITS?	3 800	ADDRESS Glen E	agles	Blud.	
	14. F/	Albred		MIDDLE	As	hton		15. MOTHER	lia	NAME	Z'DDLE		Grando	-
AFTER IVE PACES IN FOR	16s. V (Y	VAS DECEASEL	DEVER IN U.S. AR	RMED FORCES? E WAR OR DATES)		CIAL SECURIT		Mrs.		F. A			Box 232	
		18. CAUSE O PART I DE	ATH WAS CAUSE	nly ane cause per line D BY: TE CAUSE (a)	far (a), (b), and (c).)	Co	ronar	у т	hrom	bosis,	left	APPROXIMATI BETWEEN OUSE SUCCE	INTERVAL T AND DEATH
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOI RITING THE WORD "PENDING" IN PENCIL IN ITEM 18 ROED TO THE CHEF ABDICAL EXAMINER ALONG E 3 SHOULD BE USED AS A BURIAT-TRANST PERMIT E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, PRIOPTO BURIAL, CREMATION, OR REMOVAL.			O is, if any, which e to immediate		AS A CON	NSEQUENCE	C C	ronar	y s	cler	osis			
S, 301 W. PREST ECUTED WITHIN 3" IN PENCIL IN ALL EXAMINER A BURIAL TRINER ND MENTAL HY NO. OR REMOVA			stating the under		AS A CON	NSEQUENCE (OF							
ECORDS, 3C BE EXECU NEDING" IN MEDICAL E AS A BURI ALTH AND	NOI	PART 2 OTHER SIG	SHIFICANT CONDITIONS	CONTRIBUTING TO OFATH	RUT NOT RELA	TEO TO THE TERM	INAL OISEAS	E OR CONDITION	GIVEN IN PART	1 (6).				
VITAL RECOURT SHOULD BE CORD "PEN IS CHIEF MI OF HEAL OF HEAL CREME IS CHEAL CREM	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDI	TION FOR	WHICH OPER	ATION W	AS PERFORM	AED?				20. AUTOPSY	NO []
SION OF VITA		UNDERLYING	OR CAUSE OF		MONTH	DAY YEAR	21c. H	OW INJURY (OCCURRED	ENTER NATI	URE OF INJURY IN IT	TEM 18 PART 1 OR F	PART 2)	
DIVISION THE CERT WRITING ARDED (GE 3 SHORT OF ARE DEPARED OF PRIOR OF THE DEPARED OF THE DEPARE	MEDICAL	21d. INJURY C WHILE AT WORK	NOT WHILE [21e PLACE (OF INJURY TORY, FARM, E			CATION		c	ITY OR TOWN	c	OUNTY	STATE
INER: THICATE, VICATE, VALUE FORWARD TO THE STAIN ND, 2121			y that I taak char	ge af the remains des	scribed abo		Autap	sy Kamicis			Inquiry .	and in my o	apinian	
E CERTIFOUND BILL WITH WARYLAM		ACTUAL	Renoa	lit Sk	tala	seli	,	D'e pu			L EXAMINER	DATE	8-18-	79
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE, BAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR. AFTER DESTRY, WITH THE S. BALLMORE, MARYLAND, 2'	1	EXAMINER'S	NAME Bene	edict Sk	itar	elic,			₹#9,C			Mary	land 21	.502
BATTO PAGE	23a. B	JRIAL, CREMA	nation	23b. DATE 8/20/79	23c. 1	NAME OF CE	METERY C	R CREMATOR matory	1	23d. LOCA	insburg	g, Berik	veley, w.	inteva.
DHMH - 17 (VR A15 ME (5)) 15M 7/77	24. FI	IN INDIA I DIDEC	-00	e 202 Once	ene S	t. Cup	berg.	7582 2	So. DATE RE	UG Z	319795	REGISTRAR'S	SIGNATURE CLA	4

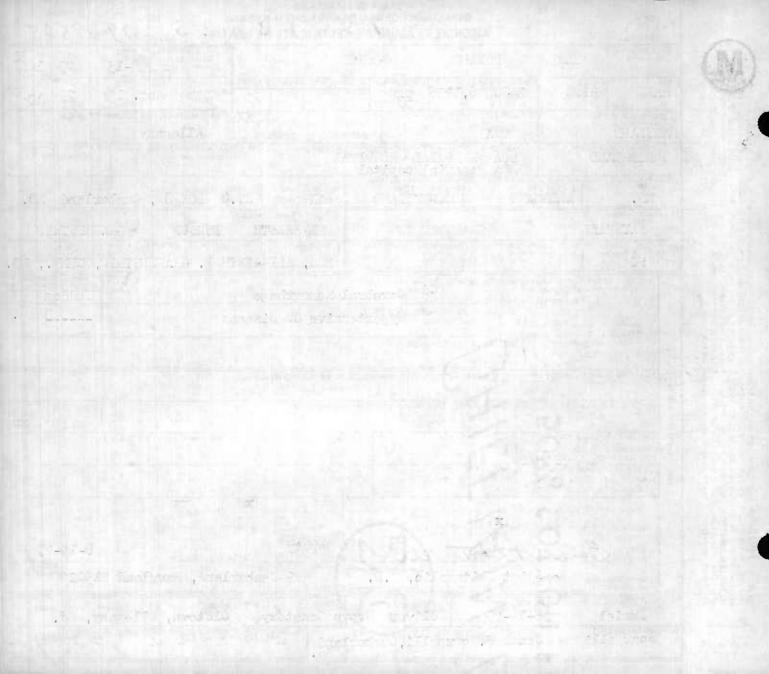


STATE OF STREET		13 14.20		
	god/la4			
8-18-79 1:45		7 = 11 = 3	ete.	of en
A Lingsony		ileu -		
The street of the street of	No I make a his	Syson ba	o a mes	nal xedno.
. North and and the court of the		the Zeitz	1 . 5,027	
ent for the company of the distance of the company		12.47		, 10
	(A SA () A			
			X	
47-01-8 E-10-76	Deput			
e, cumperland, Maryland Riber	O, A.D. K	ifer;jed	Beredlot	
The second second second			TV 574 844	
	Aug Prairie	AZ mant	D 28/3 nemmal	90200

	١,	FOR STATE		DEPART	MENT OF HE	OF MARYLAND ALTHAND MEN	TAF HYGIE	NE S 9	A		
		REGISTRAR				CATE OF DEA		REG. N		79-18	524
e		CEASED NAME FIRST		WIDDLE	ĪAS			20. DATE OF DEATH	MONTH	OAY YEAR	2b. HOUR
oy be booge 3 death		JO		Ε.	BAR			AUGUST		1979	9:07
4 mo	3. SE	0.	4 RACE		5 DATE OF	DAY	YEAR	AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
8 12 1		Make	Cav		JUN	2 21 /	924	55	YRS.		
	√o. BI	RTHPLACE ISTATE OR FOREIGN	VSA	WHAT COUNTRY?	MARRIED WIDOWED	NEVER MARK	RIED L	ALLeg	DR COUNT	Y OF DEATH	MD.
by th		TY OR TOWN OF DEATH UMBERLAND	MEMO	HOSPITAL, NURSIN H FACILITY, GIVE STREET RIAL HO			ION I	20 USUAL OCCUPAT		IPE) INDUSTRY	OF BUSINESS OR
filled in could be could be			OUNTY FOR	GIVE RESIDENCE BEFOR		3d. INSIDE CITY L	IMITS?	3. STREET ADDRESS	ann	5 € .	
mpletely and 2 sh	II. FA	THER'S NAME FREST EDWARD	WIDDLE	Barker	_	S. MOTHER'S MA	elle	S MIDDLE	25	LAS	л
on ond co		VAS DECEASED EVER IN U.S. ES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	208-05	JRITY NO.	Beth L	are 8	Barker	Bed	Fords	R. 1552
physicia popers moval.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	JSED BY:	0	ardine	antre	hmia			APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
eath cert rending e carbar on, or rei		5819	DUE TO, O	R AS A CONSEQU		Cona.	(+=5	T Failing		1-	2 74
hat the de by the at ose remov il, crematic		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, O	R AS A CONSEQUI	ENCE OF 7	Tephrit	i fy	polime	V.	1-	240
equires t n signed Then ple r to burno injury, or	NO	PART 2. OTHER SIGNIFICAN		ONTRIBUTING TO	DEATH BUT N	OT RELATED TO	THE TERMIN	IAL DISEASE OR CON	IDITION GI	IVEN IN PART 16	31
te hos been sit permit giene prior shows ony i	CERTIFICATION	190. DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION	WAS PERFORME	D	20a. AUTOPSY?	IN CERT	ES, WERE FINDIN IFYING CAUSES 'ES	
SICIAN: Tag physicing certificate errial-transmental Hygi frem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	OF INJURY .M. MONTH D. .M.	AY YEAR	21c HOW INJURY	Y OCCURRE	D (ENTER NATURE OF INJU	DRY IN ITEM 18,	PART I OR PART 2)	
ottending ter this c is the bur on and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC.)	211. LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
fTENDIN pital or TOR: Af for use o of Health		22a L certify that (1) (this has saw the deceased alive above, (1) (we) (did) (did)	on 8-2	6- 197	8-3	, .		ath occurred on the d	26 ate and ho		that (I) (lost causes stated
AL OR A the hos AL DIREC detached ofe Dept T. If them		226. SIGNATURE	. mhm	Como-	3mm	GREE ATTEN	NDING SICIAN	MEDICAL STA	FF CIAN [8-20	
TO HOSPITAL (retoined by the TO FUNERAL I Should be deto with the Stote I MPORTANT: If		DR. JOHN		MORE		22e ADDRESS		NATIONAL	HIG 2150		
BP	230 E	URIAL, CREMATION, REMOV	AL 23b. DATE		NAME OF CE	METERY OR CREA		234 LOCATION	1 5	COUNTY	STATE
	24 FL	INERAL DIRECTOR	10		CO ON C	C. Mel	25e. DATE	REC'D. BY REGISTRAN	25b. RP381S	TRAR'S SIGNAL	URE .
HMH - 16 50M 7/77 (VR A 15 (4))	H.	WALLY GOOD	2021	ADDRESS		nberland	AUG	3 1 1979	Tim	try Mel	ready



	1-8	OR STATE REGISTRAR			DICALI	MENT OF H	EALTH	AND MENTAL HERTIFICATE	YGIENE DEAT	_{rH} 2 5	REG. NO.	79	-185.	25
ľ		EASED NAME OR PRINT)	EARL	DONA	ID	В	ENS O1	J	20	. DATE KNO	STI-	MONTH 8-15	DAY YEAR	10 D
3.	SEX		HITE	5 DATE OF BIRTH	,1926	6 AGE (IN YEA LAST BIRTHDA 53 YR	Y) MONTH			DATE RONOUNCED DEAD		. 15	DAY YEAR	2d. HOU 1050
5 1	MAF	THPLACE (STA		76. CITIZEN OF WI		100	WIDOW		IED.		egany	COUNT	Y OF DEATH	M
	GL	Y OR TOWN O	ND		moria	lHospi	tal	ER INSTITUTION	12a. USUA FOR MC	L OCCUPATI OST OF WORKING	ION (TYPE OF	F WORK	12b. KIND OF B OR INDUS	USINESS
13	SUA 3a. ST	RESIDENCE (I	113b. COUN	OR OTHER INSTITUTION, GI NTY IGANY	13c. CITY	BERLAN		13d. INSIDE CITY LIMITS? YES XX NO		T ADDRESS BOX	8,0	Cumb	erland	MD.
		THER'S NAME RAYSH			ABENS			15. MOTHER'S MAIDE ELTZABET	EN NAME I'H	BENS O	V	GR	ABENS TE	CIN
	6a. W (YE:	NO. OR UNKNOV		E WAR OR DATES)		IAL SECURITY	NO.	MRS, ELIZ	ZABETI		RABENS	STEI.	N, CUME	
		Conditions gave rise cause (a): lying caus	IMMEDIA IMM	(b)	AS A CON	SEQUENCE O	erter	Hemorrhag nsive CV Di	isease)			Sudde	
	NO.	PART 2 OTHER SIGN			340			OR CONDITION GIVEN IN PAI AS PERFORMED?	RT 1 (a).				20. AUTOPS	Y?
	SAL		OR G CAUSE OF		. MONTH	19		W INJURY OCCURRE	D LENTER NA	TURE OF INJURY I	IN ITEM 18 PAR	T 1 OR PAR		NOAS
١	WED	21d. INJURY OF WHILE AT WORK	NOT WHILE [21e PLACE C	OF INJURY ORY, FARM, ET			CATION		CITY OR TOWN		cou	INTY	STATE
		22a. I certify death resulted ACTUAL SIGNATURE EXAMINER'S N (TYPE OR PRIN	Bened	ge of the remains des prol causes	Accident	, Svice		Homicide .	Undeter	Inquiry mined manne AL EXAMINE and, I	R	DATE SIGNED	8-15-	79
	{ SP	Buria		236. DATE 8-19-79		ame of CEM liver		crematory re Cemeterj	23d LOC CITY OR	1d town	n, All	coun lega	ny, Md.	STATE
2	4. FU	MERAL DIRECT	or Lli	James Pos	carpe	lli,Cw	mberl	Land Md.	refg. by	ECIPURATY 2	56. REGIST	BAR'S SI	GNATURE	7



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND, MENTAL HYGIENE CERTIFICATE OF DEATH

	FOR STATE REGISTRAR
1000	1. DECEASED NAM (TYPE OR PRINT)
	3 SEX

CLARA MATILDA RACE . DATE OF BIRTH

MIDDLE

BITTNER

LAST

WIDOWED

AUGUST 11, 1979 6. AGE (IN YEARS LAST BIRTHDAY)

emale To. BIRTHPLACE ISTATE OR FOREIGN

White

FIRST

7h CITIZEN OF WHAT COUNTRY?

HEART HOSPITAL

JAPH. 21 DA1 91 LIFAR

YES X

65

1:28 A IF UNDER 1 YEAR DAYS

MARRIED NEVER MARRIED

13e. STREET ADDRESS

9 BALTIMORE CITY OR COUNTY OF DEATH

ALLEGANY COUNTY

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

12a. USUAL OCCUPATION (TYPE OF WORKING LIFE) INDUSTRY

17b. KIND OF BUSINESS OR

LAST

Cumberland USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

Pennsylvania

CITY OR TOWN OF DEATH

Ta Somerset Fair None 4 FATHER'S NAME

USA

MIDDLE

Carter 16h SOCIAL SECURITY NO

Margaret 17 INFORMANT

13d. INSIDE CITY LIMITS?

Spaug

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES!

PART I. DEATH WAS CAUSED BY

18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c

NO [

15 MOTHER'S MAIDEN NAME

Rockville. Cloyd A. Bittner, 1917 Henry APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE ID Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE O

DAY

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a

190 DATE OF OPERATION

21d INJURY OCCURRED

(IF EITHER, NOTIFY MEDICAL EXAMINER)

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

20g AUTOPSY?

NOF

IN CERTIFYING CAUSES OF DEATH?

20b. IF YES, WERE FINDINGS USED YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

22b. SIGNATURE

0

CERTIFICAT

H 00

HOUR A.M. MONTH P.M 21e. PLACE OF INJURY

21b. TIME OF INJURY

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

YEAR 19

21f. LOCATION

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

CITY OF TOWN

COUNTY

22c. DATE SIGNED

8-13-79

STATE

22d. PHYSICIAN'S DIAME (TYPE OF PRINT)

J. N. MEHANNA

sow the deceased alive on.

NOT WHILE AT WORK

22e ADDRESS

DEGREE

909-8 SETON DRIVE, CUMBERLAND, MD 21502

DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL D should be detact with the State D

MPORTANT:

(SPECIFY) Buria!

23a BURIAL, CREMATION, REMOVAL 23b. DATE

23c NAME OF CEMETERY OR CREMATORY Zion Cemetery Berlin

ATTENDING

23d LOCATION

MEDICAL

CO PHYSICIAN DIRECTOR PHYSICIAN

STAFF

Somemset Cownty Pa.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ZEIGLER FUNERAL HOME

MD

22a I certify that (1) (this hospital) attended the deceased from

obove, (1) (we) (did) (did not) view the body after death

"HYNDMAN. PA. 15545

		V 1 V	
	6 A M. 18 mm		
THE ATMENTED TO			hrev to alked
	V-) -5	TANK MERIAS	
		TOTAL THEN IN A	
	referred		

SEISUSE FUELA HEND TOWOVAL, PA. 15545

5	18	FOR STATE	3535 9/5			MENT OF	HEALTH		ENTALH	-	2.3			43	
(M)	1. DE	REGISTRAR CEASED NAME	FIRST	MEI	MIDDLE	EXAMIN	ER'S	LAST	CATEC	F DEA	DATE KNOV	G. NO.	16-79	YEAR	2b 1
78	-	E OR PRINT)			sse	Boggs					OF EST DEATH MATE	ED 0 8-	16-79	, 12	35
P. P.E. DOECT N. T.	Ma.		4. RACE White	5. DATE OF BIRTH	YEAR	6. AGE (IN YE LAST BIRTHD	MONT		HOURS	MIN. P	RONOUNCED DE AD	8-16	-79	12	35
NECESS FUNERA 5 FOR WITHIN	FO	RTHPLACE (ST PREIGN COUNTRY)		76. CITIZEN OF WE	HAT COU	VTRY?	8. MARR	IED KNE	VER MARR	IED L	Alleg		NTY OF DE	ATH	
A PAGE	100	TY OR TOWN O		11. NAME OF HOS (IF NOT IN SUCH FA Memor	PITAL, NI CILITY, GIVE	IRSING HOMESSING HOSPITA	OR OTH	er institu Doa	TION	FOR M	AL OCCUPATIO OST OF WORKING LII todian	N (TYPE OF WOR	OR	OF BUS	Υ
NATALIS S	13a S		13b. COUN	OR OTHER INSTITUTION, GI	VE RESIDENCE	-	ION)	13d. INSIDE C	ITY LIMITS?	13e. STRE	et address		Dello	OI D	110
1.2 2.2 3.3 3.4 4 4		ATHER'S NAME		WIDDLE		LAST		F	ER'S MAIDE	-	MIDDLE		LA	ST	
BALTIMORE, MD DURS AFTER DEATH 18. GIVE PAGES 1, WITH FORM PM TI. PAGES 1 AND 3, DIVISION OF VIT.	16a. V	VAS DECEASEI ES, NO. OR UNKNO Yes	EVER IN U.S. AR	WAR OR DATES)		CIAL SECURIT		17. INFORA	MANT .			DRESS			1
DN ST., BAL 24 HOURS. ITEM 18. GI LONG WITH PERMIT. PAC SIENE, DIVIS		18 CAUSE O	F DEATH (Enter or ATH WAS CAUSE	ly ane cause per line		o), and (c).)	onar				Right	100/8		ROXIMATE I	
PREST WITHIN CIL IN INER A INER A INER A IN HYONAL		gave ris	os, if any, which the to immediate stating the <u>under</u>	DUE TO, OR		CO2	ronar	y Sc:	leros	is					
DIVISION OF VITAL RECORDS, 301 W. S. CERTFICATE SHOULD BE EXECUTED VAITING THE WORD "PENDING" IN PEN ROBED TO THE CHIEF MEDICAL EXAM FE SHOULD BE USED AS A BURIAL-TRE DEPARTMENT OF HEALTH AND MEN. PRIOR TO BURIAL, CREMATION, OR REI	NO	PART 2 OTHER SH	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT REL	ATEO TO THE TERM	NINAL OISEAS	E OR CONDITIO	N GIVEN IN PA	RT 1 (a).					
F VITAL RECEIPED WORD "PER CHIEF AT OF USED AT OF HEAD UNIAL, CREATER OF THE AT OF HEAD UNIAL, CREATER OF THE AT OF	CERTIFICATION	19a. DATE OF	OPERATION	196. CONDI	TION FOR	WHICH OPER	NOITA	AS PERFOR	MED?	5,51				TOPSY?	N
DIVISION OF VITAL S CERTIFICATE SHOL RITING THE WORD " ROED TO THE CHE F. 3 SHOULD BE USE I E DEPARTMENT OF I PRIOR TO BURRIAL, C	CAL CERI	UNDERLYING	CAUSE WAS OR NG CAUSE OF	DEATH P.M	L MONTH	DAY YEA	R		OCCURRE	D (ENTERN	ature of injury in	ITEM 18 PART 1 OF	(PART 2)		
DIVISICE ET THIS CERTING E, WRITING RWARDED I PAGE 3 SH STATE DEPAGE 1201 PRIOR	MEDICAL	21d. INJURY C	NOT WHILE E	21e PLACE C STREET, FAC				CATION STREET	Eve		CITY OR TOWN		COUNTY		
TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WRI PAGE 4 SHOULD BE FORWARI TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTMORE, MARYLAND, 212011		22a. I certifi death results ACTUAL SIGNATURE	ed from: Natu	ge of the remains des	Accident		Autop], Hamid	Inspection cide	Undete	Inquiry XX,	and in my DA SIG		8-16-	-7
MEDIC SCUTE T SE 4 SI FUNER IER DEA		EXAMINER'S (TYPE OR PRI	NAME Bene	dict Skit	arel	ic, M.I).	ADDRESS_	R#9	, Cum	berland	, Mary	land 2	21502	2
BATTA BATTA	(Burial	TION,REMOVAL	23b. DATE 8/18/79		NAME OF CE			dens	CITY C	CATION DRIOWN	Maryls	and.	STA	ATE.
DHMH - 17 EVR A15 ME (5)) 15M 7/76	24. F	UNERAL DIRECT		er, Jr.	La Va	le. Md				AUG A	REGISTRAR 251	b. REGISTRAR	SSIGNATI	Bus	red.

C S E S L Colors

. The decay of the second of t

The second secon

Tes III Told 277 IZ AFTE LOTE. With Rough, as above

Solly Lander, Malabury Manager . L. L. L. Silvanis Chilane

English and a succession was been successive and succession of the succession of

to and to her or it. In Wate, let.

Page 50 to 1

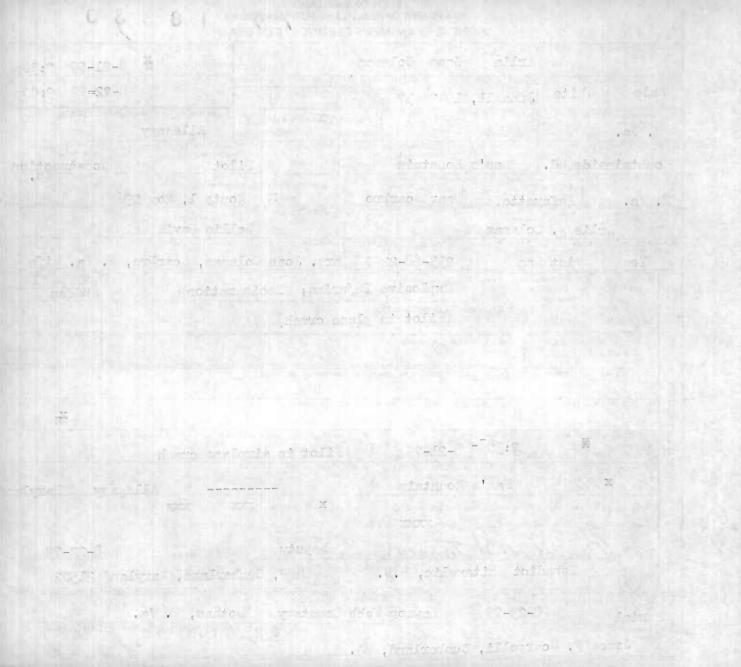
1.		OR			DEPARTMENT C		H AND MEN	TALHYG	SIENE				
		STATE REGISTRAR			DICAL EXAM					I RE B	5	28	
T.		EASED NAME	FIRST		WIDDIE		LAST		20. DATE		MONTH	DAY YEAR	26. HQU
L			Ethe	l Gra					OF DE ATH	ESTI-	3-8	3 19 79	11
ľ.	SEX			DATE OF BIRTH	YEAR 6. AGE (III	THDAY) MON		UNDER 24 I	HRS. 2c. DAT	e INCED D Aug.	HTMOM	DAY YEAR	2d. HOUR
		nale W	hite :	Feb. 10,	1898 81	YRS.			DEA	D Aug.	8	19 79	11a, ~
ľ	FOR	laryland		USA	HAT COUNTRY?	The state of the s	RIED NEVER				- COON	TY OF DEATH	
10	0. CI1	Y OR TOWN OF	DEATH 1	1. NAME OF HOS	SPITAL, NURSING HO	ME, OR OT		N 120	. USUAL OCC	legany	E OF WORK	12b. KIND OF B	USINESS
ı	(Cumberla	nd bn		ACILITY, GIVE STREET ADDRE		1	100	House W			Own H	
V		L RESIDENCE (IF IN		OTHER INSTITUTION, G	IVE RESIDENCE BEFORE ADA	ISSION)	13d INSIDE CITY LI	111111 112.	. STREET ADDR			OMILI	One
Ľ	W	Va.	Mine	ral	Ridgele				Route 1		493		
F	4. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S	MAIDEN	IAME	MIDDLE		LAST	
1		Edw		meltzer			Ma	arger		ney	100		
2 10	60. W	S, NO, OR UNKNOWN)	(IF YES, GIVE WA	D FORCES? R OR DATES)	16b. SOCIAL SECU	RITY NO.	17 INFORMAN		D	ADDRESS		**	
F	_	no			1		Mrs. I	Nancy	buser,	Ridge.	Ley,	Daughte	
		PART I DEATH	WAS CAUSED B	Υ:	e far (a), (b), and (c).)	Go	oronary (Occlus	sion			APPROXIMAT BETWEEN ONS	T AND DEATH
		4-10-	IMMEDIATE		AS A CONSEQUENCE							Suau	en
ı			if any, which to immediate	(b)			Coronary	y Scle	erosis				
1			ting the under-	DUE TO, OR	AS A CONSEQUENCE	CE OF							
				(c)			16 1 16 11						
	z	PART 2 OTHER SIGNIF	CANT CONDITIONS COM	ITRIRUTING TO DEATH	BUT NOT RELATED TO THE 1	ERMINAL OISEA	SE OR CONDITION GIVE	VEN IN PART 1-(0).	Shell I			
7	ATIC	19a. DATE OF OP	ERATION	19b. CONDI	TION FOR WHICH O	PERATION	WAS PERFORMED	D?				20. AUTOPSY	?
4	TIFIC											YES 🗆	NO DE
2	MEDICAL CERTIFICATION	210 EXTERNAL C		21b. TIME OF HOUR A.M	FINJURY	AR 21c. F	OW INJURY OC	CURRED (E	NTER NATURE OF I	UJURY IN ITEM 18 I	PART 1 OR PAI		
1	CAL		CAUSE OF DE	ATH P.M	1. 19								
	MED	21d. INJURY OCC	OT WHILE		OF INJURY (AT HOME TORY, FARM, ETC.)	, 21f. LC	STREET		CITY OR TO	OWN	COL	UNTY	STATE
		WHILE NAT WORK	WORK										
		22a. I certify th			scribed abave, held a	Auto	psy , Ins	spectian 2	, Inquiry	X, an	d in my ap	inian	
		death resulted for	ram: Natural	causes X	Accident .	Suicide	, Hamicide		Indetermined n	anner,			
		ACTUAL /	90.00	+ Xb -	tore o'		TITLE (SPECI	A		47	DATE	8-8-	1070
7		SIGNATURE	MARIALLE		uriae)		w.p. Deput	Ly	MEDICAL EXA	MINER	SIGNE	D	<u> </u>
4		EXAMINER'S NA/	ME Dr.	Benedic	t Skitare	lic M	ADDRESS	Cı	umberla	nd, Md	•		
23	30. BL	RIAL, CREMATION	V,REMOVAL 23b.	DATE	23c. NAME OF	CEMETERY (OR CREMATORY	23	3d. LOCATION		COUN	NTY C	TATE
L		Buria		8-11-197	9 Hiller	rest E	Burial Pa		Cumber	land,	Alleg	any, Md	
2	4. FU	NERAL DIRECTOR		ADDRESS			250.		D. BY REGISTR		11 -	IGNATURE	da
			ames F.	Scarpel	li. Cumber	cland,	Md.	AU	G 1319	13 /		7	7

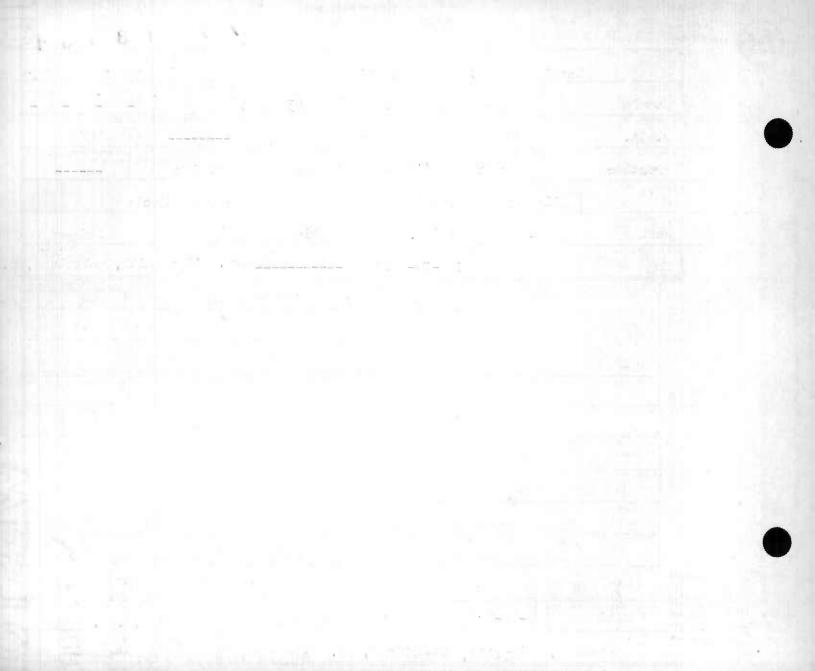
	Collins (Art A) Esperiment (College State College)	
249		
	Alkania di Tatana ataun 191	
	Notes of Line 2 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		Dismist Handle
e de Tolke ja		

STATE OF MARYLAND

The other lands THE PROPERTY OF THE PARTY OF TH HARRIST HOLD IN CONTROL OF THE PROPERTY OF THE The Tay of the Control of the Contro Tought of the testing the first of the second party of the state of th make the state that the court faithful tower the state of THE RESERVE OF THE PARTY OF THE

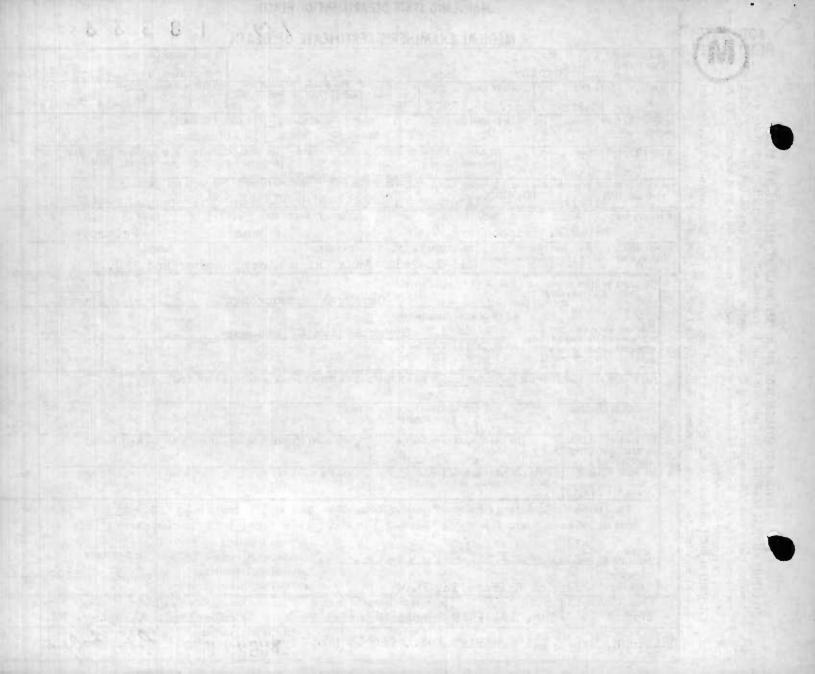
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 0. DATE KNOWN (TYPE OR PRINT) ESTI-Arlie Gane Coleman DEATH MATED 4. RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. 3. SEX IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) Male PRONOUNCED White 9:00p 1942 June 11. DEAD 7b. CITIZEN OF WHAT COUNTRY? M. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED THEVER MARRIED FOREIGN COUNTRY) Allegany USA W. Va. DIVORCED IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! Mountainside (Md Dan's Mountain Pilot. Construction WALRESIDENCE (IF IN NURSING MOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Near Scarbro W. Va. YES [NO X Route 1. Box 296 Lafavette 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST Arlie W. Coleman Nellie Davis 16n WAS DECEASED EVER IN U.S. ARMED FORCES? 16h. SOCIAL SECURITY NO. 17. INFORMANT (YES, NO, OR UNKNOWN) Yes 233-68-2290 Viet Nam Mrs. Joan Coleman, Scarbro, W. Va. Wife 18 CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c), PART I DEATH WAS CAUSED BY: Explosive Injuries; Incineration APPROXIMATE INTERVA BETWEEN ONSET AND DEATH Sudden IMMEDIATE CAUSE (a). DUE TO, OR AS ACONSEQUENCE OF (Pilot in plane crash) Canditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0). E USED AS A
OF HEALTH 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? DRWARDED TO THE CHIE R: PAGE 3 SHOULD BE USE E STATE DEPARTMENT OF 1 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) Pilot in airplane crash CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED Dan's Mountain WHILE AT WORK AT WORK Allegany Maryland PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALLWORE, MAR(TAND, 21) Autapsy X Inspection XXX 22a. I certify that I took charge of the remains described above, held an death resulted from: Notural couses Accident XXXX Suicide Homicide ___ Undetermined manner TITLE (SPECIFY) 8-22-79 Deputy MEDICAL EXAMINER Benedict Skitarelic, M.D. R#9, Cumberland, Maryland 21502 TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236. DATE 23¢. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Dothan, W. Va. Lawson Webb Cemetery Burial 25b. REC STRAP 5.8 CHATCHE **DHMH-17** (VR A15 ME (5)) James F. Scarpelli, Cumberland, Md. 15M 7/76

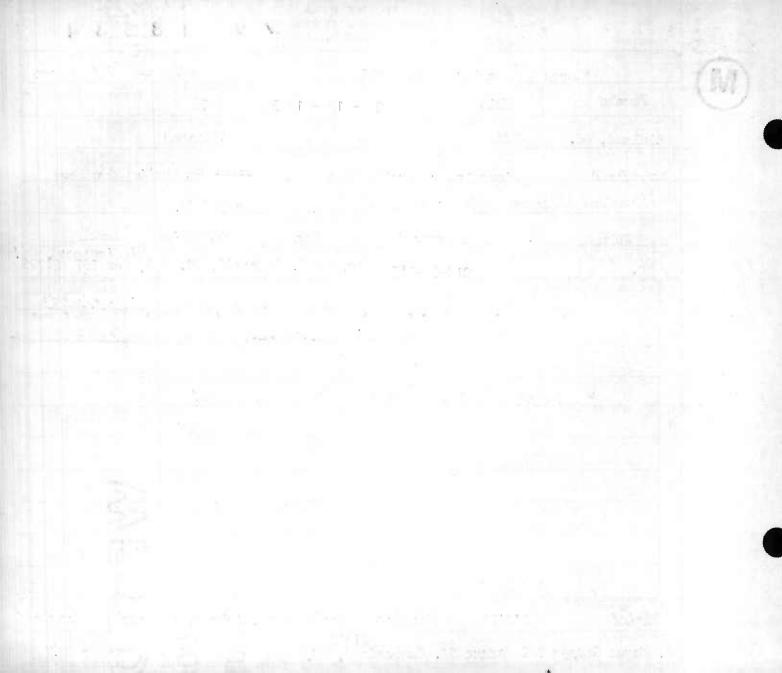




· 自然是一种,一种一种一种一种一种 · M. All Committee and a second of the contract of the contrac . The state of the of the state of th

MARYLAND STATE DEPARTMENT OF HEALTH MEDICAL EXAMINER'S CERTIFICA DECEASED-NAME First 2a. DATE KNOWN Manth Doy (Type or Print) OF ESTI-DEATH MATED Dorothy 8-16-79 19 11:50an Ann Crowe IF UNDER 1 YEAR 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR 8-16-799 11:50an White Aug. 31, 1922 56 To. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH counMaryland USA DIVORCED Allegany 10. CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY Cumberland 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN P 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maryland 13b. COUNTY Allegany Cumberland YESXXX NO 703 Hillton Drive pages Tand 2 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME Ralph F. Knippenberg Anna McCarty 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (Yes po, ar unknown) 215-12-2432 Anna Knippenberg, Cumberland, Md. permit. File APPROXIMATE INTERVAL . = 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Cerebral Hemorrhage Sudden IMMEDIATE CAUSE (a)___ DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gove Hypertensive CV Disease rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF writing the ward his certificate should stoting the underlying cause .⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) 00 3 should be used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? necessory, please execute the certificate. 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) PRIMARY OR CONTRIBUTING HOUR A.M. cremotion. CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Town County factory, office building, etc.) moy be retoined for your FUNERAL DIRECTOR: Page 22a. I certify that I taok charge of the remains described obove, held an Autopsy , Inspection , Inquiryxx, , , Undetermined manner and in my apinian MEDICAL death resulted from: Notural cousexxxx Accident , Suicide , Hamicide CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED DEPUTY MEDICAL EXAMINER **EXAMINER'S** Aug ust 16, 1979 NAME (Type) genedict Skitarelic, M.D. ADDRESS(Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION. 23d. LOCATION (City or Town) (County) Aug. 19, 1979 Sunset Memorial Park Cumberland, Allegany, Md. 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR Lip B. Wendt 121 Memorial Ave., Cumb., Md. VR A15ME (5)





_	11	
	10	

STATE OF MARYLAND CERTIFICATE OF DEATH FOR

5 8 5

NAME INTERPOLATION INTERPOLAT	MEDICAL CAUSE (O) DUE TO, OR AS A	S DATE CO MONTH IN THE PROPERTY OF THE PROPERT	DAY YEAR 17 96 DI NEVER MARRIED DI DIVORCED DI DI DIVORCED 13 MO I I I I I I I I I I I I I I I I I I	9. BALTIMOREC Alle 120. USUAL OCC (TYPE OF WORK FOR Presid 5? 130. STREET ADD INAME E. Willis	AST BIRTHDAY IF MODE MODILE ADDRESS	UNDER 1 YEAR INTHS DAYS OF DEATH 126 KIND C INDUSTRY BIGC	26. HOUR 5 25 AN IF UNDER 24 HR HOURS MIN OF BUSINESS C tric Co
DWN OF DEATH DETLAND ENCE (IF NURSING HOW 13b. G NAME FIRST AGOTE F. D EASED EVER IN U.S. UNKNOWN) (IF YES, T) USE OF DEATH (Enter T). DEATH WAS CA IMME!	White 76. CITIZEN OF WHAT USA 11. NAME OF HOSPIT (IF NOT IN SUCH FACILIT Cumberla REDINITY GRANY MIDDLE DATE CAUSE (O) DUE TO, OR AS A (b) (b)	MONTH ON THE COUNTRY? 8 MARRIEL WIDOWE TAL, NURSING HOME OF THE COUNTY, GIVE STREET ADDRESS! THE COUNTY OF THE COU	DAY PEAR 17 96 DE NEVER MARRIED ED DIMORCED DROTHER INSTITUTION HOME 13d INSIDE CITY LIMITS YES NO DESTRUCTION 15. MOTHER'S MAIDEN FIRST LEttie 17. INFORMANT Richard I	9. BALTIMORE CALL AND ALLE CONTROL OF CONTRO	VRS ITY OR COUNTY C gany UPATION MOST OF WORKING LIFE LENT RESS Kent Aven DOLE ADDRESS	DAYS DE DEATH 126. KIND CINDUSTRY ELECTION 149. 149. 149.	of Business c tric Co
DWN OF DEATH DETLAND ENCE (IF NURSING HOW 13b. G NAME FIRST AGOTE F. D EASED EVER IN U.S. UNKNOWN) (IF YES, T) USE OF DEATH (Enter T). DEATH WAS CA IMME!	MEDIA ARMED FORCES? ARMED FORCES? ARMED FORCES? ARMED FORCES? Outputy MODULE Outputy MI ARMED FORCES? Outputy MI ARMED FORCES? Outputy MI ARMED FORCES? Outputy MI ARMED FORCES? DIATE CAUSE (0) DUE TO, OR AS A	MARRIE WIDOWE TAL, NURSING HOME C ITY, GIVE STREET ADDRESS AND NURSING ESIDENCE BEFORE ADMISSION WITH THE TALL LAST OCIAL SECURITY NO. 10 10 10 10 10 10 10 10 10 10 10 10 10 1	DNORCED DNORCE	Alle 120. USUAL OCC (TYPE OF WORK FOR Presid 5? 130. STREET ADD TNAME E. Willia	egany UPATION MOST OF WORKING LIFE LENT RESS Kent Aven DDLE LMS ADDRESS	126 KIND CINDUSTRY ELECTION	of Business C tric Co
NAME FIRST LAGORE F D EASED EVER IN U.S. UNKNOWN) [1976S. JUSE OF DEATH (Enter of the content	MADDLE ARMED FORCES? ARMED FORCES? ARMED FORCES? ARMED FORCES? ARMED FORCES? TO I 166. SI CONTROL OF AS A (b)	iny, dive street address) and Nursing isobnice before admission it in between the control in betwee	Home 13d INSIDE CITY LIMITS YES A NO 15. MOTHER'S MAIDEN FRST LSttie 17. INFORMANT Richard I	(TYPE OF WORK FOR President Presiden	MOST OF WORKING LIFE) LENT RESS Kent Aven DDLE LMS ADDRESS	Land, MD	tric Co
INAME AGOTE F. D. EASED EVER IN U.S. UNKNOWN) INFYES. SE OF DEATH (Enter T. I. DEATH WAS CA. IMME!	MDDLE Dalley ARMED FORCES? I 60. S. W I DIATE CAUSE (a) DUE TO, OR AS A (b)	LAST COCIAL SECURITY NO. 1-05-5633 Or (o), (b), and (c).	13d INSIDE CITY LIMITS YES Ø NO ☐ 15. MOTHER'S MAIDEN FIRST ISTTIC 17. INFORMANT Richard I	INAME B. Willia	DDLE LMS ADDRESS	nd, MD	
EASED EVER IN U.S. UNKNOWN) [IF YES, S. JSE OF DEATH (Enter II. DEATH WAS CA	Dailey ARMED FORCES? 166. SI GORE WAR OR DATES) W I 214 Or only one couse per line for USED BY: DUATE CAUSE (a) DUE TO, OR AS A (b)	00CIAL SECURITY NO. 4-05-5633 or (a), (b), and (c).)	Intie	E. Willia	ADDRESS	nd, MD	
EASED EVER IN U.S. UNKNOWN) IFYES, ISSE OF DEATH (Enter I. DEATH WAS CA. IMME! Illians, if any, which	ARMED FORCES? GIVE WAR OR DATES) TO I stronly one couse per line for USED BY. DIATE CAUSE (a) DUE TO, OR AS A	4-05-5633 or (a), (b), and (c).)	Richard I				IMATE INTERVAL ONSET AND DEAT
DSE OF DEATH (Enter IT I. DEATH WAS CA IMMEDITIONS, if any, which	DIATE CAUSE (0) DUE TO, OR AS A	Seven	e copo			SETWEEN	IMATE INTERVAL ONSET AND DEA!
ying couse lost OTHER SIGNIFICA TE OF OPERATION	NT CONDITIONS CONTRI	BUTING TO DEATH BUT		TERMINAL DISEASE OF	/? 20b. IF YES,	WERE FINDI	
CIDENT WAS UNDERLYING	LICHID A AA A	URY MONTH DAY YEAR		YES NO	OF INJURY IN ITEM 18, PAR		№ □
TRIBUTING CAUSE OF CRUSH OF CAUSE OF CRUSH OF CAUSE OF CRUSH OF CAUSE OF CRUSH OF CR	INER) P.M.	19	21f. LOCATION STREET	CIT	YORTOWN	COUNTY	STATE
	e on X/8	1975	DEGREE ATTENDIN	NG MEDICAL	STAFF		
OVE, (I) (WE) [did] [di	11/1000	CONTRACTOR OF THE PARTY OF THE	22e. ADDRESS	6000	26 1	int	Lela
	the deceased alive, (I) (we) (did) (di	the deceased alive on	Nature 12 Walliam Street Addition of view the body offer death.	the deceased alive on very the body after death. DEGREE ATTENDIN PHYSICIA	the deceased alive on the body after death. DEGREE ATTENDING MEDICAL PHYSICIAN CORRECTOR	the deceased alive on	the deceased alive on the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

DHMH - 16 25M

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral hould be detached for use as the busial-transit permit. Then please remave carbonpapers. Pages 1 and 2 should be filed within 72 much the State Dept. of Health and Mental Hygiene prior to busial, cremation, or remaval.

OF ATTENDING PHYSICIAN: The faw

TO HOSPITAL

BP.

stained by the haspital or attending physician.

24. FUNERAL DIRECTOR
NAME
SCARPELLI FUNERAL HOME (VR A 15 (4)) 9/74

CUMBERLAND, MD

41979

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Live to the second of SALTAN . SEE Serve cold THE REAL PROPERTY OF THE PARTY Control of the second

SILCOX-MERRITT FUNERAL SERVICE, CUMBERLAND MD. AUG

REGISTRAR 256. REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR

DHMH - 16 50M 7/77

(VR A 15 (4))

STATE OF MARYLAND

The state of the s

0 0 0 0	The state of			
Anches 17, 1979 3:10b	31/4	o're''	LIEPEA	
	1001			EINES
The state of the s			2	7.14
loftane end. I max am.	JATIO	SOFT PATRONEIL	ACM.	CUMPERLAND,
५०० गाव लोगका		anticopin .	er same IV	other
and the state of t	RUMA	, T		THE LANG
o, come carse, stay for	read through	5 34 Inti- 13		Cili
adunia RA Britania Britania Salius Britania Sart Jisaasa	er official			
Disbetes Wellitus				
m: 61 TI samena	1918 & 73 20	A- Y1 3am	uul meet	
8-18-79				
HIA AVE. CUMBERLATID. (ID.	ISSIA SEL	THOTALLERY	IH MOTA	vo.a .so
BIATTLE ZARGALA GIATRONIO	vg (1865e) slati	EV . W. or 311 (20	PATHO
	T. DE STATE OF		THE TEST	

A STATE OF THE PARTY OF THE PARTY OF

		FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 5 3 7												
6	I. DE	CEASED NAMPE OR PRINT)	AE FIRST	Charles Elmer Davis							OF DEATH	ESTI- MATEE	N 🔀 "	8-21	1979	26. HOUI
	3. SE	Male	4. RACE White	5. DATE OF BIRTH MONTH DAY 1, 1890 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED DEAD							Aug		DAY YEAR	3P		
01	FC	RTHPLACE (S REIGN COUNTRY) Maryla	nd	16. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY 1. MARRIED MIDOWED MIDOWED Allegat												
1		Cumber Cumber	land	11. NAME OF HOSPITAL, NURSING HOME, OR OTHE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) DOA Memorial Hospital				FOR M			UAL OCCUPATION (TYPE OF WORK 1) MOST OF WORKING LIFE)			WORK 12b.	12b. KIND OF BUSINESS OR INDUSTRY Steel Co.	
150	13a. S	AL RESIDENCE TATE (arylan	13b. COUN	or other institution, gi ITY egany	13c. CITY	e BEFORE ADMISS OR TOWN dtown	ION)	13d. INSIDE (ITY LIMITS?	13e. STRE	ET ADDRE					
2		ATHER'S NAM FIRST	Thomas Da			LAST		F		nname nmn	MI	IDDLE	8		LAST	-
	16a V (Y	WAS DECEASE ES, NO, OR UNKNO	DEVER IN U.S. AR.	MED FORCES? WAR OR DATES) T		7-10-6		Mrs.			ris, (ADDF Oldt		Md.		
		PARTIDI Canditia gave ri	EATH WAS CAUSE	TE CAUSE (a). DUE TO, OR (b).	AS A CON	nsequence Co	of ronar	conary	Occl		1				APPROXIMATE BETWEEN ONSE	T AND DEATH
	TION	PART 2 OTNER S	use last.	(c)CONTRIBUTING TO DEATH	BUT NOT RELA		NINAL DISEAS			RT 1 (a).						
3	CERTIFICATION		AL CAUSE WAS	21b. TIME OF		WHICH OPER		OW INJURY		D (ENTERN	ATURE OF IN I	LIRY IN ITE	M 18 PART		YES	NOX DX
5	MEDICALC	21d INTURY	NG CAUSE OF	DEATH P.M.			211. LO	CATION			CITY OR TOV			COUNTY		STATE
2		ACTUAL SIGNATURE	Renea	ge of the remains des ral causes XX,	Accident	anels	Autap	, Hamid	PECIFY)	Undete	rmined ma	INER	<u> </u>	my apinia DATE SIGNED	8-21-	79
_	230.B	(TYPE OR PRI	nt)1 TION,REMOVAL 2		23c. 1	NAME OF CE	METERY C		ORY	1234 100	ATION		Alle	COUNTY	, Md. st	TATE
		JNERAL DIREC	TOR	ADDRESS Carpelli.				JOINE	25a. DATE F	UG Z	REGISTRAL	R 25b. R	EGISTI	AR'S SIGN	MELLE CONTRACTOR	4

TO THE THE PERSON OF THE PERSO The second secon A Commence of the street of contract of Partie of the control Johnson S. J. Control of Company and J. C. Janes

	- S	OR TATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5 3 8										
ت د د د س	1. DEC	EGISTRAR EASED NAME OR PRINT)	FIRST John		MIDDLE chael	Dia	LAST	20. DAT	REG. NO E KNOWN E ESTI- H MATED	8-25.	79 YEAR	25 HOU	
PLEASE DRECTOR. CIR FILES. HOURS	3. SEX	ale	RACE White	5. DATE OF BIRTH	YEAR 18	YEARS IF UN HDAY) MONT YRS.		24 HRS. 2c. DA MIN. PRONO DE	UNCED	8-25-	79	2d HO	
35	FOR Ma	THPLACE (STATE EIGH COUNTRY) aryland		76 CITIZEN OF WH	AT COUNTRY?	8. MARR WIDOV	ED NEVER MARR	IED 📑	9. BALTIMORE CITY OR COUNT			Y OF DEATH	
1950	(TY OR TOWN OF DEATH Cumberland		II. NAME OF HOSPITAL, NURSING HOME, C (IF NOT IN SUCH FACILITY GIVE STREET ABOVESS)— MEMORIAL HOSPITAL—								IZB. KIND OF BUSINESS OR INDUSTRY	
AND THE PROPERTY OF THE PROPER		RESIDENCE (# Maryland		R OTHER INSTITUTION, GIVE Early		residence before admission) 13c Climbertand		130. ST 3050	RESCOLLAR	nd Str	Street		
TIMORE, MD. 2 AFER DEATH VE PROSES 1.2. H KORM PM 2 SES 1 AND 2 SION OF VITAL	16a. W		gustine EVER IN U.S. ARA	AED FORCES?	LAST	RITY NO.	17. INFORMANT	Rosemary	ADDRESS		nd, Father		
OF VITAL RECORDS, 301 W. PRESTON 5T., ATE SHOULD BE EXECUTED WITHIN 24 HOLE E WORD "PENDING" IN PENCIL IN ITEM 18 THE CHIEF MEDICAL EXAMINER MONO ILD BE USED AS A BUITA-TRANSIT PERMIT MENT OF HEALTH AND MENTAL HYGE SE BBURIA, CREMATION OF REMOVAL.	7										BETWEEN ONSE Sudder		
	TIFIC	19a. DATE OF C	PERATION	196. CONDIT	ION FOR WHICH OF	ERATION W			F INJURY IN ITEM 18	PART I OR PART	20. AUTOPSY YES 2	? NO [
DIVISION OF VITAL HIS CERTIFICATE SHOI WRITING THE WORD VARDED TO THE CHIE AGE 3 SHOULD BE US ATE DEPARTMENT OF ZOT PRIOR TO BURIAL, O	CAL	21d. INJURY OC WHILE	CURRED	DEATH 11 P.M.		21f. LC	river in si CATION STREET J.R. 0500]	CITY OF	TOWN	COUN	Penna	STAT	
MEDICAL EXAMINER: T ECUTE THE CERTIFICATE, GE & SHOULD BE FORW THE DEATH, WITH THE ST THE DEATH, WITH THE ST		death resulted	From: Notur Bened	col couses ,	cribed obave, held on paccident X, Taxel	Suicide [Homicide	Undetermined MEDICAL EX Cumberla	manner,	DATES SIGNED	8-26-		
BP BATE BATE	23a.BL	IRIAL, CREMATION Burial NECETY DISTRIBUTION NERAL DIRECTO	DN,REMOVAL 2 DR	8-29-79	23c NAME OF SS.Pet	CEALETERY (REC'D. BY REGIS'	erland	, Alle	gany,Mo	TATE	
(VR A15 ME (5)) 15M 7/76	S	carpell	i, Cur	mberland,	Maryland		AUC	628 1979	ter	gray M	acressy		

0-6 6 0 1 the second section of a feet of the second second 07-10-Most the Control of t the state of the s arti . A so Weining V action from Legit to not necessary transfer like Fig. 1 - Applicant was a finite with the contract of the contr noisition set pisais at terine 100 TO 100 LOCAL (500 . 1. 1500 . 1. 1500 . 1. 1500 . 1. 1500 . 1. 1500 . 1. 1500 . 1. 1500 . 1. 1500 . 1. 1500 . 1. 1500 . 1. 1500 . 1. 1500 NORTH TANKER (bonfromm) () in the State of All the bard to be a second to be seen to be a second to be a seco certain, dained and, cardene and Auffel and factore ir traumotic event, the medical examinar must be retif

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL TYGIENS

	5774	REGISTRAR				CERTIF	ICATE OF	DEATH		REG. NO	0			
		CEASED NAME	FIRS1		MIDDLE	l	AST		20. DATE OF D		MONTH	DAY Y	EAR	26 HOUR
	(TYPE	OR PRINT)	GLADYS		EDNA	DRO	LI		AUGUST	13	1979			12 -0548
	3 SEX	X		4 RACE		5. DATE C	OF BIRTH	THE	6 AGE (IN YEAR			IF UNDER		IF UNDER 24 HRS
		Female		White		Nov	. 19	1916	62		YRS.	IMONTHS	DAYS	HOURS MIN
		RTHPLACE (STATE OF	r Foreign	76 CITIZEN OF	WHAT COUNTRY?	8 MADDIE	XXVEVER	MARRIED -	9 BALTIMORE	CITY O	R COUNT	Y OF DEA	TH	
E		Kentu	cky	USA		WIDOWE		ONORCED	ALLE	GANY	COUN	YTY		MD.
2	10 CI	Cumberla			HOSPITAL, NURSING			STITUTION	120. USUAL OC (TYPE OF WORK FO Labor	OR MOST O		HEEL INDU	STRY	F BUSINESS OR
Qu.	USUA	AL RESIDENCE (IF N	URSING HOME OR		GIVE RESIDENCE BEFORE	ADMISSION)	.,		паоот) I		1000	5 000	2.2.0.
36	13a. S	Md.	All	ega ny	Nikep	7	136 INSIDE	NO TE	13e. STREET AD	DRESS	618			
10		THER'S NAME FIRST		MIDDLE A	shley			r's MAIDEN NAM I FIRST Innie		WIDDLE	9	Sar	wye:	r
		VAS DECEASED EVI (ES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	220 03 5		Roy I	Proll Sr	•	ADDRE		, Md.		
H		18 CAUSE OF DEA	ATH (Enter on	ly one couse per	line for (o), (b), and	l (c l	U	~				BET	PPROXI	MATE INTERVAL DISET AND DEATH
		PART I. DEATH		E CAUSE (0)	ongest	ine	- Jan	luce					7 9	Laus
		4262		DUE TO O	R AS A CONSEQUE	NCE OF								4
		Conditions, if or	ny, which	(b)										
	6	gove rise to i	mmediote	2015 70 0	r as a conseque	NICE OF								
		underlying cau		DUE TO, O	R AS A CONSEQUE	NCEOF								
		PART 2 OTHER SI	GNIFICANT	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE	OR CON	DITION G	IVEN IN PA	ART 1(c	31
	NO	true	esten	al 06	structi	m								
	CERTIFICATION	190 DATE OF OPER	RATION		ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUTOP	SY?		ES, WERE F		
2	IFIC			3 151.5					YES T	NOPE		TIFYING CA	USES	OF DEATH?
0	CER	21g. ACCIDENT WAS I	JNDERLYING [21c HOW	INJURY OCCUR			RY IN ITEM 18	PART I OR PA	ART 2)	
7	AL AL	OR CONTRIBUTING		TH HOUR A.	M. MONTH DA	Y YEAR								
	EDIC	21d. INJURY OCCU		21e. PLACE		19	211 LOCAT	ION						
	ME		WHILE		REET, FACTORY, OFFICE, FA	ARM, ETC.)	STREE	T		ITY OR TOV	٧N	COUN	TY	STATE
,,,,	1	220.1 certify that	(I) (this hospi	tol attended th	e deceosed from	am		19 7 9	to	LOI.	13	. 19_7	9.	tha (Dwe) lost
	18	saw the dece	ased alive an	Diew the body	3 19	1790	nd that in m	y)(our) opinion	deoth occurred	on the de	ote and ha	our and fro	m the	couses stoted
	1	226 SIGNATURE	Haid Haid IId	Thew the body	difer death.		DEGREE					226.	DATE	SIGNED
1		529	ins	000	*	N	TI	ATTENDING PHYSICIAN TO	MEDICAL DIRECTOR	STAI		8	. 1	4-79
1		22d. PHYSICIAN'S	NAME (TYPE O	R PRINT)	9,	, ,	22e ADDRI		- CHECTOR L	, , , , , , , ,				
1		LESLI	E R. MI	LES, MD			55 J	ACKSON_S	ST. LONA	CON	ING. M	D		
	23a. B	BURIAL, CREMATIO	N, REMOVAL	23b. DATE	23c N	IAME OF C	EMETERY OF	CREMATORY	23d LOCAT	ION			_	MA STATE
	(3	SPECIFY) Bur:	ial	Aug. 1	5,1979 BI	Loomi	ngton,	Gemeter	ry Bloom	ning	ton G	arret	,6	Md STATE

DHMH-16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR, A should be detected for use with the State Dept. of Hed

WPORTANT #

ADDRESS WESTERNPORT, MD CHURCH ST.

The state of the s

| Company | Comp

WESTER PORT, A)

WESTER PORT, A)

WAL'S FURRAL CHIEF ST.

LESTER, MIES, 19

FOR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL MYGIENE
CERTIFICATE OF DEATH

8 5 4 0

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
I. DECE	ASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR
(1112-011	GEORGE	LEMUEL	DURST	AUGUST 9,1979	9:20 Pm
3. SEX	M	4 RACE	5. DATE OF BIRTH MONTH Sept. 14. 1887		NDER 1 YEAR IF UNDER 24 HRS HS DAYS HOURS MIN
COU	HPLACE (STATE OR FOREIGN NTRY)	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIED NEVER MARRIE WIDOWED DIVORCEI	BALTIMORE CITY OR COUNTY OF	DEATH MD.
Cu	or town of death umberland	""SACRED" HEA		(TYPE OF WORK FOR MOST OF WORKING LIFE)	2b. KIND OF BUSINESS OR NDUSTRY
Mar	yland Alle		OWN 13d. INSIDE CITY LIM	ITS? 13e. STREET ADDRESS Route 1	
léa. WA (YES.	August Durst	MIDDLE LAST RMED FORCES? 16b SOCIAL S E WAR OR DATES) 214. 0	ECURITY NO. 17 INFORMANT	y Ellen McKenzie ADDRESS	last
P	Canditians, if any, which gave rise to immediate couse (a), stating the underlying cause lost.	(b) 77 (CONDITIONS CONTRIBUTING		E TERMINAL DISEASE OR CONDITION GIVEN	N PART 1(g)
RTIFIC	10. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY O		G CAUSES OF DEATH?
WEDICAL	OR CONTRIBUTING CAUSE OF DE UP ETHER, NOTIFY MEDICAL EXAMINER IN INJURY OCCURRED WHILE NOT WHILE AT WORK 20.1 certify that (1) (this hosp saw the deceased alive ar	ATH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	DAY YEAR 19 211 LOCATION STREET m	city or town initian death occurred on the date and haur and initian death occurred on the date and haur and ing decided staff ian director Physician	that (I) (we) lost of from the causes stated 22c. DATE SIGNED
	RIAL, CREMATION, REMOVAL	. 123b. DATE 12	30 NAME OF CEMETERY OR CREMA	on the constitution of the	YLAND 21502
	CIFY)	230. DATE	SIL PANE OF CEMETERS OR CREMA	CITY OR TOWN COU	NTY STATE

BP. DHMH - 16 50M 7/77

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely illied in the this should be detached for use as the burial-tronsit permit. Then please remove carbon-papers. Pages 1 and 2 should be their with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, ar other traumatic event, the

IMPORTANT: If Item 21 is marked ar Item 18 shaws any

(VR A 15 (4))

retained by the hospital or

O HOSPITAL

23c. NAME OF CEMETERY OR CREMATORY

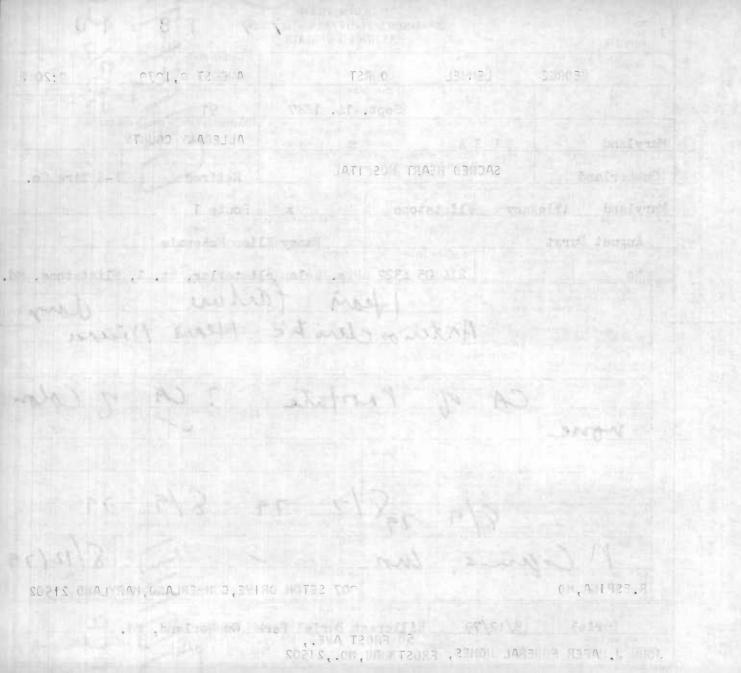
23d. LOCATION CITY OR TOWN

COUNTY

STATE

Burial 8/12/79 Hillcrest Burial F
24 FUNERAL DIRECTOR 58 FROST AVE., 250
JOHN J. HAFER FUNERAL HOMES, FROSTBURG, MD., 215Q2

Park | Cumberland Months | 1250. Date REC D BY RECUSTRAR 256. REG | 1843.5 SIGN TUBE | 12 AUG | 15 19 9



6	16
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be etained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
P	ge de de
90,	p d
9 e	rs of
Po	hou
eoth	nero
ler d	with
s of	by the
hour	d in
24	filled
th.	2 sh
p p	buo
recut	d co
90	Pog
ote	pers
rtific	phy one emov
h ce	orb
deo	otter ove otton,
÷	the remo
thot	d by eose ol, cr
Sezi	gne en pl
redi	en s The
NO.	ermit e pri
The	sit p
AN	-tron
/SIC	uriol
PH	he b
NO P	Afte os olth
TEN To lo	OR: or use
ATI	ed for
L OR	toch toch
O HOSPITAL OR ATTENDING PHYSICIAN: The lovetoined by the haspital or attending physician.	e de Stot
HOSI	FUN Id b
O P	Shou

STATE OF MARYLAND FOR STATE

Lever Johnson-Kuhlman

DEPARTMENT OF HEALTH AND MENTAL HYGINE CERTIFICATE OF DEATH

REGISTRAR		CERTIFICATE OF BEAT	REG.	NO.	
DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR	R 26 HOUR
	thrvn	Fritz	8/8/79		1:55 a A
SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST B		
F	White	2/ 17/ 10	^{AR} 69	YRS NONTHS D	AYS HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	Y? 8 MARRIED NEVER MARRIE	9 BALTIMORE CLTY	OR COUNTY OF DEATH	н
Pennsyl va nia	USA	WIDOWED X DIVORCE	gany	M	
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	SING HOME OR OTHER INSTITUTION	12a USUAL OCCUP	TION 2b. KIN	ND OF BUSINESS OF
Frostburg, Md.	Frostburg Comm	unity Hospital	unknow		
SUAL RESIDENCE (IF NURSING HOME o. STATE 13) CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEF		AITS? 13e. STREET ADDRESS	5	
Pa. So	merset Berl		□ 1018 E. N		
FATHER'S NAME Michael	MIDDLE LAST	15 MOTHER'S MAIL			LAST
	Shem		nknown Kat	ie Krosnoff	
	GIVE WAR OR DATES)		ADD	PRESS	
unknown	199-10	-5687 JA M	ALLERY Frost	tburg Com. F	
18 CAUSE OF DEATH Enter PART I. DEATH WAS CAU	anly ane cause per line for to 16.	and comments of	· · · · · · · · · · · · · · · · · · ·	APP BETW	PROXIMATE INTERVAL
	TATE CAUSE (a)	gy was 11x	ar your		
4280	DUE TO, OR AS A CONSEG	DUENCE OF	O		
Canditians, if any, which	(b)				
gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	WENCE OF			
underlying cause last.	DOE TO, OR AS A CONSEC	JOENCE OF			
PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO TH	IE TERMINAL DISEASE OR CO	NDITION GIVEN IN PAR	Tilo
190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN	
			YES NO	IN CERTIFYING CAU	ISES OF DEATH?
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21¢ HOW INJURY	OCCURRED (ENTER NATURE OF IN		
00.000.000.000.00		DAY YEAR			
(IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19 21f LOCATION			
WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.) STREET	CITY OR T	OWN COUNTY	STATE
	spital) attended the deceased from	19-	. to	19	, that (1) (we) la
saw the deceased alive	on19		pinian death occurred an the		
abave, (I) (we) (did) (did 22b, SIGNATURE	nat) view the bady after death	DEGREE	1		ATE SIGNED
	VIII	ATTEN		AFF _ #/	86
22d. PHYSICIAN'S NAME (TYP	IS OR DRINIT!	PHYSIC 22e ADDRESS	IAN DIRECTOR PHYS	ICIAN L. T.	7
Dr. H. Le			race, Frostbu	ra Md 215	32
				19, 110. 110.	V L.
BURIAL, CREMATION, REMOV		NAME OF CEMETERY OR CREMA	CITY OF TOWN	COUNTY	STATE
Burial	8/10/79	I. O. O. F. Ce			
FUNERAL DIRECTOR	ADDRESS		SO DATE REC'D BY REGISTRA	R 256. REGISTRAR'S AIGI	NATURE COM
amos P Lauer	Johnson-Kuhlma	n Rerlin, Pa.	AUG 1413	10 /	

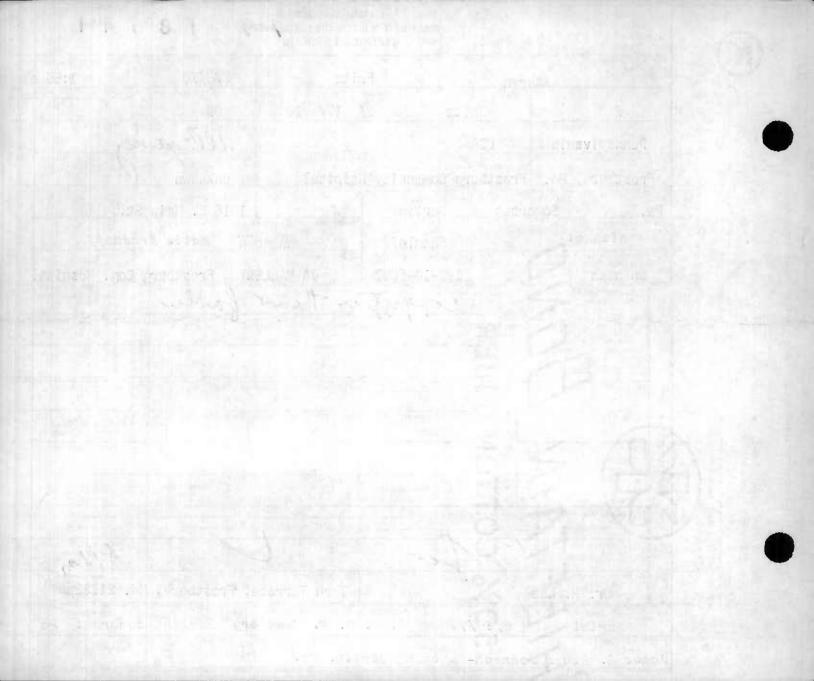
Berlin, Pa.

DHMH - 16 50M 1/76 (VR A 15 (4))

James R.

BP.

IMPORTANT: If Item 21 is marked at Item 18 shows any injury, at other traumatic event,



	1 -	FOR STATE REGISTRAR			DEPAKIN		EALTH AND MENTAL HYG		1 0))	4
	1 DEC	CEASED NAME	FIRST		MIDDLE		AST	REG. N	MONTH DAY	YEAR	2b. HC
		OR PRINT)	John	N.I	8.4 T	Conti			. 13		1:
	3 SEX	(4 RACE		Gent I	FBIRTH	6 AGE (IN YEARS LAST BI	THOAY	UNDER I YEAR	IF UNE
		Male	2 5	White		04nt	28 YEAR	83		NTHS DAYS	HOUR
		RTHPLACE (STATE OR I	FOREIGN		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O	FDEATH	
5		Maryland		U.S./		WIDOWE	DI DIVORCED	Alleg			
51		Frostburg		Frost	ourg Comm	address) unity	Hospital	(TYPE OF WORK FOR MOST Retired		IZE KIND OF INDUSTRY Coal	BUSI
35	™3a S	AL RESIDENCE (IF HUR TATE Md.	13b COUN		GIVE RESIDENCE BEFORE 134 CITY OR TOW Lonacon	N	13d INSIDE CITY LIMITS? YES NO []	32 Island	Street		
10	14 FA	James	M	IDDLE	Gentry		15. MOTHER'S MAIDEN NA. Etta	ME		Jaco	bs
1	16a V	VAS DECEASED EVER ES, NO OR UNKNOWN)	(IF YES, GIVE	MED FORCES? WAR OR DATES)	166. SOCIAL SECU		Mrs.Mae Ge	entry	Lonaco		
		18. CAUSE OF DEA PART I. DEATH V	TH (Enter and VAS CAUSED	y one cause per BY: E CAUSE (a)	line for (a), (b), and	diciii	y Failure ass	aciated wid	- La	BETWEEN OF	
		gave rise to im couse (a), state underlying caus	ng the	DUE TO, O	r as a conseque	NCE OF				1	
	z			ONDITIONS CO			NOT RELATED TO THE TERM	INAL DISEASE OR COM	DITION GIVEN	IN PART 1(a)	30
2	IFICATION	Rena 1	failur	onditions <u>co</u>	ciated wi	th CH		20a AUTOPSY?	206 IF YES, V	WERE FINDING	GS US
29	CAL CERTIFICATION	Renal	failur	ONDITIONS CO CONDITIONS CO 196 CONDITIONS CO 196	ciated wi TION FOR WHICH N/A	th CH	F	200 AUTOPSY?	206 IF YES, V IN CERTIFYII YES	WERE FINDING NG CAUSES C	GS US
29	MEDICAL CERTIFICATION	Rena 1 190 DATE OF OPERA NONE 210. ACCIDENT WAS UP OR CONTRIBUTING	TION IDERLYING CAUSE OF DEAT CALLERAMINER)	ONDITIONS CO CONDITIONS CONDITIONS CONDITIO	ciated wi N/A FINJURY M. MONTH DA M. N	OPERATION AY YEAR A 19	F N WAS PERFORMED	200 AUTOPSY?	206 IF YES, V IN CERTIFYII YES URY IN ITEM 18, PART	WERE FINDING NG CAUSES C	GS US
29		Rena 1 190 DATE OF OPERA NONE 210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED) 2101. INJURY OCCUR	TATION DERLYING CAUSE OF DEAL CALLER AMINER) ORED OTHER CALLER AMINER) OTHER CALLER AMINER) OTHER CALLER AMINER) OTHER CALLER AMINER) OTHER CALLER AMINER OTHER CALLER AM	ONDITIONS CO PORT OF THE CONDITION OF THE PLACE (AT HOME, STI	Ciated Wilton FOR WHICH N/A FINJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F N/A e deceased from	THE CH	F N WAS PERFORMED 21c HOW INJURY OCCURI	200 AUTOPSY? YES NO X RED (ENTER NATURE OF INJ N/A CITY OR TO 1 A 13 A1	20b IF YES, VIN CERTIFYII YES URY IN ITEM 1B, PAR1	WERE FINDING NG CAUSES (GS US DF DE NO
29		Rena 1 190 DATE OF OPERA NONE 210. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 21d. INJURY OCCUP WHILE AT WORK 300 the deceo obove, (1) (we)	TABLE CALLER CANING CALLER CAMINER) CALLER CAMINER) CRED CALLER CAMINER C	ONDITIONS CO PASSOCIAL STATE OF THE CONDITION OF THE CON	Ciated Wilton FOR WHICH N/A FINJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F N/A e deceased from	OPERATION AY YEAR A 19 ARM, ETC.)	N WAS PERFORMED 21c HOW INJURY OCCURI 211 LOCATION STREET APT 1 1955 and that in (my) (our) apinion DEGREE PHYSICIAN X	200 AUTOPSY? YES NO X RED (ENTER NATURE OF INJ N/A CITY OR TO 1 A 13 A1	206 IF YES, VIN CERTIFYII YES URY IN ITEM 18, PARTI	WERE FINDING NG CAUSES (GS US DF DE NO
29		Rena 1 19a DATE OF OPERA NONE 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 21d. INJURY OCCUP WHILE AT WORK 22a. I certify that (I sow the deceo above, (I) (we)	TATION ATION CAMPE OF DEAL CALLER ANTINER) TRED (this hospit sed alive on did to no	ONDITIONS CO P associated as a second of the cond of	CIATED WITTON FOR WHICH N/A PF INJURY M. MONTH DA M. N OF INJURY REET FACTORY, OFFICE, F N/A e deceased from 197 patter doors 1.D.	th CH OPERATIO AY YEAR A 19 ARM.ETC.)	PIN WAS PERFORMED 216 HOW INJURY OCCURION 211 LOCATION STREET APPIL 1955 and that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN X 22e1ADDRESS 48 Broadway	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJ) N/A CITY OR TO N/A 10 13 AL death occurred an the of DIRECTOR PHYSI Frostbur	20b IF YES, VIN CERTIFYII YES JRY IN ITEM 1B, PAR1 WN LGUST 19 date and haur a	COUNTY COUNTY	GS US DF DE NO
29	WEDICAL WEDICAL	Rena 1 190 DATE OF OPERA NONE 210. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER, NOTIFY MED) 21d. IN JURY OCCUP WHILE NOTIFY MED) 220. I certify that (I sow the deceo obove, (I) (we) 275. SIGNATURE	TATION ATION CAMPE OF DEAL CALLER ANTINER) WHILE DO I (this hospit sed alive on did to no did	ONDITIONS CO PERSON 196 COND	Ciated Wilton FOR WHICH N/A PFINJURY M. MONTH DA M. N OF INJURY REET FACTORY, OFFICE, F N/A e deceased from 15t 197 1.D. 23c.N	THE CH OPERATION OPPORTUNITY OPERATION OPERATI	N WAS PERFORMED 211. HOW INJURY OCCURI 211. LOCATION STREET APP 1 5 ATTENDING PHYSICIAN X 220. LADDRESS	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJ) N/A CITY OR TO N/A Added th occurred an the of MEDICAL STA DIRECTOR PHYS	206 IF YES, VIN CERTIFYII YES JRY IN ITEM 18, PART WWN IGUST 19 date and haur o	COUNTY COUNTY	GS US DF DE NO

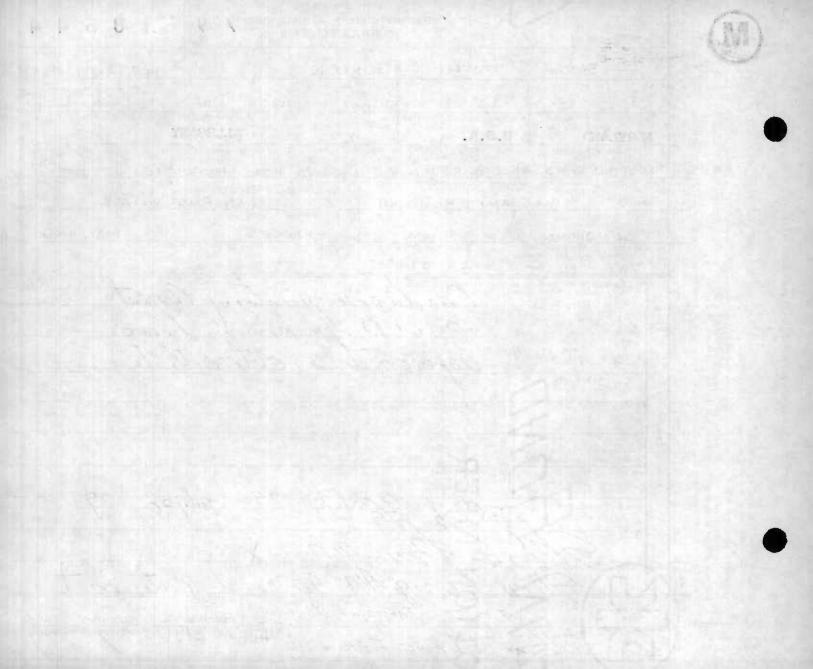
DHMH - 16 50M 1 (VR A 15 (4))

BP.

	* 1	ferfest vol	mir's AT		
a Tourie					
an Amplico		emi. 110			
The state of	in the least to the				
	Planting ovise				

	named to a	il marka		
tis et. in sample - 7 ft.				
commend and manual extent leaders		of there? A.		. Lond Midway
for the garee was empired		, interestation	winest21	linefores
Selection of the select	oset .pe			
2320093.30 HA.A.				

M	1	FOR - STATE REGISTRAR	* DEPAI	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 7 9	1 8 5 4 4
1000		ECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONT	H DAY YEAR 26 HOUR:
3 13	(14)	SARAH	ANN	GORDON	Augi	13t 13,1979 5:25 PM
mo)	3 S	EX	4. RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNUER 24 HRS
ge 4		F	W	June 6 1883	94	YRS MONTHS DAYS HOURS MIN
Pour Hour		BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR CO	OUNTY OF DEATH
3	1.	MARYLAND	U.S.A.	WIDOWED DIVORCED	ALLEGANY	MC
with with	10 (CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR
by tilled	F	ROSTBURG, MD.	FROSTBURG VIL	LAGE NURSING HOL		
the state	134	JAL RESIDENCE IN HUMSHO HOME STATE 128 CO	OR OTHER PHINTUTION, OWE RESIDENCE RE UNITY U.S. CITY OR TO		13e STREET ADDRESS	
3 50			EGANY FROSTE		54 FROST VI	ILLAGE
42 L	14.7	ATHER'S NAME	middle sett	15. MOTHER'S MAIDEN NO PROF	AME	4457
D 2//	9	BENJAMIN	FILE	to the second se		MALLARD
dico		WAS DECEASED EVER IN U.S. (1915) HIG OR UNKNOWN) (1915)	INF WAR OR DATES!	DESCRIPTION TO THE PROPERTY OF	ADDRESS	
0 D 0		no -	- 217-07	-8335		Y APPROXIMATE INTERVAL ACTIVITY ON A PRODUCT OF
signed by the otter hen please remove to burnot, crendition jury, or other travel	NO	Conditions, if any, which gave rise to immediate course in starting the underlying course last. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSECUTION OF CONDITIONS CONDITIONS	OUÉNCE OF TO THE TER	MINAL DISEASE OR CONDITIC	ON GIVEN IN PART 1(0
hos been t permit. I ene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED		LIFYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
og physicia certificate h rial-transit; ental Hygie Item 18 sha		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH		RRED (ENTER NATURE OF INJURY IN IT	TEM 18, PART 1 OR PART 2)
S No No	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	211 LOCATION	CITY OR TOWN	COUNTY STATE
otter ter the s the n and rked	2	AT WORK NOT WHILE AT WORK	(ATTIONE, STREET, FACTOR), OFFI	0.0.0	7	0
y the haspital ar RAL DIRECTOR: Af detached for use a tate Dept of Health VI: If them 21 is ma		220.1 certify that (1) (this has	spital attended the deceased tro an analysis the body after death			nd hour and from the couses stated 22c DATE SIGNED
FUNE build be the SPORTAL	1	22d. PHYSICIAN STAME	in Fun	e May 90 ma	ingt West	tempor A
BP	L	BURIAL, CREMATION, REMOV (SPECIFY)	AL 23b. DATE 8/16/79	NAME OF CEMETERY OF CREMATORY FROSTBURG MEMORYNE	TROSIBUICG	BLESAMY PINd.
H - 16 60M 1/75 VR A 15 (4))		FUNERAL DIRECTOR Straig CONTRACT TO	Some GOW. MAIN	ST. FROSTBURG Mil. 250. DE	LEG NORGE DE 1229	RECORDER TO SUCH AT LIBERT OF



	1.	FOR STATE REGISTRAR		DEPAI	TMENT OF	EALTH AND MENTAL H	YGIENE 7	9 REG. NO.	8 5	45
* 24		OR PRINTS	RLES	MIDDLE		HAM .		JGUST 26	DAY YEAR	26 HOUR
	3. SE			RACE	5. DATE			ARS LAST BIRTHDAY)	1979	9:50PA
(1/4)		Male		White	MONT		70	YRS,	MONTHS DAYS	HOURS MIN
35	70 B	RTHPLACE (STATE OR FORE) OUNTRY) Md	IGN 7b	CITIZEN OF WHAT COUNTR	Y? 8. MARRIE WIDOW	D X NEVER MARRIED (RECITY OR COUNT		
by the formal led with the		TY OR TOWN OF DEATH		NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR MEMOR I AL	SING HOME	OR OTHER INSTITUTION	TYPE OF WORK	EGANY COUR	12b. KIND O	F BUSINESS OF
filled in the ould be	USU 13a.		HOME OR OTH	HER INSTITUTION, GIVE RESIDENCE BEI	ORE ADMISSION)	13d INSIDE CITY LIMITS?	13e. STREET A	pres. DDRESS COST Ave.		
ond 2 sh	14. F/	THER'S NAME PIRST	MIDE	3 - 31 - 37 - 48 18		15 MOTHER'S MAIDEN I	NAME	MIDDLE G.	Cas	sidy
on and co		NAS DECEASED EVER IN YES, NO OR UNKNOWN) (III	U.S. ARMEI FYES, GIVE WA	D FORCES? 166 SOCIAL SE	T. C.	17 INFORMANT		ADDRESS		
Equires that the death certifical is agned by the attending phy. Then please remove corbanpo to buriol, cremotion, or removinjury, or other traumatic event	NO	Conditions, if ony, w gove rise to immed couse 101, stofing underlying couse	chich diote the lost.	DUE TO, OR AS A CONSECUTION OF TO, OR AS A CONSECUTION OF TO, OR AS A CONSECUTION OF THE CONSECUTION OF T	UENCE OF		1977),	ory of		MATE INTERVAL INSET AND DEATH
he low rion. hos been the prior tows ony	CERTIFICATION	19a DATE OF OPERATIO	N	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a AUTOF	IN CERTI	S, WERE FINDIN IFYING CAUSES ES	
NG PHYSICIAN: The low require of the order order of the o	MEDICAL CE	21a. ACCIDENT WAS UNDERLOOP CONTRIBUTING CAU	SE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATU	JRE OF INJURY IN ITEM 18.	PART 1 OR PART 2)	
offending of the this of the bud M hond M niked or	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E. FARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
AL OK ATTENDI the hospital or AL DIRECTOR: A letached for use the Dept. of Heal		sow the deceased	olive on (did not) vi	ewith body after death	790	19 19 19 19 19 19 19 19 19 19 19 19 19 1	MEDICAL DIRECTOR	on the date and ho	22c. DATE	
TO HOSPIT. retoined by TO FUNER, should be owith the Str. MAPORTAN	230	DR. WALT		HIMMLER	, NAME OF	MEMORIAL I	HOSPITA	L MEDICA	DILLET	DING,
BP	230.	Removal		8/27/79	. NAME OF	EMETERT OR CREMATOR	CITY OR		COUNTY	STATE
DHMH - 16 50M 7/77 (VR A 15 (4))		UNERAL DIRECTOR NAME NAME NAME NAME		Balto.,	Md.	25a. D		GISTRAR 256. REGIS	TRAR'S SIGNATI	

terelerer	AUGUST 26.				asun	
		80 83		ini ce		
	Allegany Count			AZU		.64
	Yace pros		ridson Ja	TEMOR I		CHARERLAND
	28 Prost Aye.		os thurin	~=		TO THE STATE OF
Cassidy		45782			.0	LeeJ
			-10505-013	oss	11/4	Yes
	Dayaball	what o		15.0		
		M MEST SAN				
10	4./4					
	ALIGHMUN E		170			
20101108	mainan, arribet	MI JA LAGPE	A Service	HE LINE	M CH S	TIAL . SO
				172	2/2	Favora 4
			100 100	est is		nation! Hose

					STAT	E OF MARYLAND			
	1.	FOR STATE		DEPA		SEALTH AND MENTAL HYG	IENE 7 9	18	4 6
		REGISTRAR			CERTII	FICATE OF DEATH	REG. N	0.	
20		CEASED NAME FIRST	M	IDDLE		LAST	20 DATE OF DEATH	MONTH DAY YE	AR 2b HOUR
	(TIPE		Martha	Jane	Hamil	ton	August 3	1. 1979	3:44 A.
	3 SE	X	4 RACE	7000	5 DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS
		Female	White		July		07		DAYS HOURS MIN.
17	76 BI	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W	VHAT COUNT		0, 1090	9. BALTIMORE CITY O	R COUNTY OF DEAT	H
36		OUNTRY)			MARRIE	D NEVER MARRIED			
1	10 (Maryland ITY OR TOWN OF DEATH	USA	OSDITAL NILIS	WIDOW	DR OTHER INSTITUTION	Allegan		MD.
50		Cumberland	(IF NOT IN SUCH	FACILITY, GIVE ST	REET ADDRESS)	SK OTHER INSTITUTION	(TYPE OF WORK FOR MOST O	F WORKING LIFE) INDU	ND OF BUSINESS OR STRY HOME
17/	USU,	AL RESIDENCE (IF NURSING HOME) STATE 1136 COL	OR OTHER INSTITUTION, O	THE RESIDENCE BE	EFORE ADMISSION)		13e STREET ADDRESS		
50		1.00 00.	egany	Cumber		YES P NO T	620 Vir	ginia Ave.	
The same of the sa	_	ATHER'S NAME			e electrical(15. MOTHER'S MAIDEN NAM		241140	
9//	1300	John Paul	WIDDIE	LAST		Mary Ha	MIDDLE		LAST
11	16a V	VAS DECEASED EVER IN U.S. A	ARMED FORCES?	16b SOCIALS	ECURITY NO.	17. INFORMANT	ADDRE	SS	
/	()	YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)			Marc Debasis-	D1		
1	-					Mrs. Patricia	Dyche, Cui	nberland,	Daughter
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per li SED BY:			ulmonary Arre	-1	BETY	PROXIMATE INTERVAL WEEN ONSET AND DEATH
		1500 IMMEDI	ATE CAUSE (0:		ararop	ulmonary Arre	St		
		1337	DUE TO, OR	AS A CONSE	OUENCE OF	Adeno CA of	0-7	PRINCIPAL DE	
		Conditions, if any, which gave rise to immediate	(b)	Auv	anced	Adeno CA of	COTON		
		couse (a), stating the	DUE TO, OR	AS A CONSE					
		underlying couse lost.	{c:	AS	CVD				
	7	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ntributing '	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PA	RT 1(0)
	CERTIFICATION								
2	CA	190 DATE OF OPERATION	196 CONDIT	ION FOR WH	ICH OPERATIO	N WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FI	
1	E E						YES NO	YES 🗌	NO 🗌
0	8	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	21b. TIME OF		DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR PAR	rT 2)
1	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	EWIII		19				
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE O	F INJURY	es capa Aca	21f. LOCATION	c∕1 catew	m count	STATE
	>	AT WORK NOT WHILE	(ATTIOME, STAE	ci, racioni, orri		101 09	1ke	21 00	SIAIC
		22n.1 certify that (I) his hos	pital of sended the	deceased fro	No Wa	19	, to Much	9 1999	, that (I) (we) last
		saw the depended alive a	not view the body o	19	4	nd that in (my) (aur) apinion o	leath accurred on the do	te and hour and from	the couses stated
		124 SIGNATURE	// A A	Her deorn.		DEGREE		22c. C	ATE SIGNED
		I/X	XIMM	M	>	ATTENDING	MEDICAL STAF	F I	3-31-1979
1		22d. PHY CIAN'S NAME (TYPE	OR PRINT)	. , ,		22e ADDRESS	DIRECTOR PHISIC	IANU	7 / ()
								C	. 2 222
	22 2	Dr. T. E. Wil			2 1/11/2 = 5	Memorial Ho		Cumperla	na, Md.
	230. B	BURIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	A TOUNTY	STATE
	24 51	Burial	9-2-197	9	Mt. Her	man Cemetery	Cumberlar		ny Md
	24. FU	NAME James F. S.	carpelli	C. ADDRESS.	rland	250. D 36	हिष्य म्प्रम्थिरेवे	256. REGISTRATIS SIG	Michaela
			- our horry	ounde.	Liana,	LICE 0			

medica. Dans mulatur The state of the s . the state of the et al maria de la compositione d The state of the s The state of the s . In the state of the s

should b

0

0

shows

PORTANT

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20. DATE OF DEATH MONTH LAST 2b. HOUR MIDDLE I. DECEASED NAME (TYPE OR PRINT) Sophia Hamilton Aug. 24, 1979 8:45 IF UNDER 24 HRS. 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 4. RACE 3. SEX HOURS 05704/82 YEAR White Female 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Maryland USA WIDOWEDXX Allegany DIVORCED | II CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
HOUSEWITE INDUSTRY Home (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Cumberland Nursing Home Cumberland, MD USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13e. STREET ADDRESS 13a. STATE 1136 COUNTY 13d. INSIDE CITY LIMITS? Allegany MD Cumberland YES XX NO [1310 Oldtown Road 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME LAST MIDDLE MIDDLE Katherine Fable Paul H. Ritter 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mrs. E. Pauline Sibley No Cumberland. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) CERTIFICATION suce. 200 AUTOPSY 20b. IF YES, WERE FINDINGS USED 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOIT YES | NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORE JUHW TON AS WORK 23s.1 certify that (1) (this haspital) attended the deceased from 122 saw the deceased alive on. and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated THE DATE SIGNE 21h SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN TO DIRECTOR PHYSICIAN 726 PHYSICIAN'S NAME GIRGO PRINT 22e. ADDRESS 23d. LOCATION 33e BURSAL CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY 73b. DATE Burial 8-27-79 Greenmount Cemetery

DHMH - 16 25M

(VR A 15 (4)) 9/74

유 된

JAMES F. SCARPELLI

24 FUNERAL DIRECTOR

CUMBERLAND, MD

Cumberlard

				(to)	
					2014
Allegory					Maryand
Housewills - Home		7-110		1.	
150g Chitowalload		brio and and an	удауз	ii.	
rine Fable	enzal :			13781	. I Tree!
Staffanddul YeldE orllun	Mra. N.				S Off
Bunk Wall A					
the out in		Consumo	07-05-8		laine

Eichhorn Funeral Home ADDRE Lonaconing, Md.

STATE OF MARYLAND

Md

250, DATE REC'D, BY REGISTRAR 256, REGISTRAR'S SIGNATURE

BP DHMH - 16 60M 1/75 (VRA 15(4))

Burial

24. FUNERAL DIRECTOR

THE STATE OF THE S Light Bud, the many at 19 at 19 Log- Table T. I Day et. 1 lettette, lettet and and state of the state of t The company of the contract of July and the 5 the control that a self-substitute

15M 7/76

STATE OF MARYLAND

mobited the second 20/19 272 13 merelsz mig Commentaria (Lat - Mercarial Marital Construction Called and . The state of the williss T. herden, The constant and the court of the second second and the state of t Eurica and Topter Constant Ealth of Allegary, Md. The second was a second of the

		- STATE REGISTRAR CEASED NAME FIRST	Mil	DOLE	CERTIFIC	ATE OF DEATH	REG. NO	D. MONTH DAY	YEAR	2b HOUR
	(TYP	Thoma	s H.	Harr	ris		8/10/79			3:15
	3. SE		4 RACE		5. DATE OF	DAY YEAR	6 AGE (IN YEARS LAST BIRTH	HDAY) IF U	NDER 1 YEAR	IF UNDER 24
	In B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	2/1/	16	63	YRS P. COLINITY OF	DEATH	
33	1	Maryland	U.S.A		MARRIED		Allegany		DEATH	
351	1	ostburg, MD		FACILITY, GIVE STREET	ADDRESS)	other institution spital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Range Open	ON	126 KIND OF INDUSTRY	
ust be	USU	AL RESIDENCE (IF NURSING HO)	LE OR OTHER INSTITUTION, GOUNTY	IVE RESIDENCE BEFORE	ADMISSION)	86 INSIDE CITY LIMITS?	13e STREET ADDRESS			
E 0			egany	Frostbur		YES X NO 🗆	🖠 35 Grant	Street		
010	14. F.	Thomas	WIDDLE	LAST	,	MOTHER'S MAIDEN N	MIDDLE	Unadia	LAST	
0 1		Thomas WAS DECEASED EVER IN U.S	ARMED FORCES? 1	Harris 66 SOCIAL SECU	RITY NO. 1	CLATA	ADDRE	Hardig		
medi		YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	217-10-5	436	ins Thelma	V. Harris,	Frosthu	ra. Me	mula
the .		18 CAUSE OF DEATH Ente	anly ane cause per li			2	0 0		APPROXIM BETWEEN O	VATE INTERV
ven		PART I. DEATH WAS CA	USED BY DIATE CAUSE (8)	acu	to o	Ceshirato	y faither	e.		100
fic e		491	OUE TO OR	AS A CONSTOLIE	NCCOL	1	0			
E .		Canditians, if any, which	DUE TO, OK	AS CONSEQUE	Λ	rule an	I emplys	ana		
r tra		gave rise to immediate					10		-1-1	
ather		underlying couse last	DOE TO.	AS A CONSEQUE	NCE OF	00				
ō		PART 2 OTHER SIGNIFICA	101		DEATH BUT N	OT RELATED TO THE TER	RANNAL DISEASE OR COND	ITION & IVEN	IN PART YOU	
ulnuk	ZO	1558. Parls	menay	Embot	i for	0	Restrata	a dil	· lin	_ /
any	CERTIFICATION	190 DATE OF OPERATION	196 CONDITI	ON FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	206. IF YES, W	ERE FINDING	GS USED
Shows	Ĕ						YES NOT	IN CERTIFYIN	G CAUSES (OF DEATI
a sh	E E	218. ACCIDENT WAS UNDERLYING				TIC HOW INJURY OCCU	JRRED (ENTER NATURE OF INJUR	_	OR PART 2)	110
Hem 18		OR CONTRIBUTING CAUSE O	DEATH	MONTH DA	Y YEAR					
or He	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF	FINJURY	19	If LOCATION				
D O	M	WHILE NOT WHILE D	(AT HOME, STREE	T, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TOW	N	COUNTY	517
ē E		220.1 certify that (I) (this h	aspital) attended the	decensed from	3	we 10 7 8	5 10 0 1	1 0	79	hat (1) 🕼
2		saw the deceased alive	an 8,10	19	79 and	that in (my)	n death occurred on the do	te and hour ar	. ,	
E		above, (1) (did) (did) (did) (did)	view the bady at	ter death.		GREE			22c DAJE S	
1		>	(Jan	elhar	M	ATTENDING	MEDICAL STAF	F	8/11	17
	1	22d. PHYSICIAN'S NAME (T)	PE OR PRINT)		- 1		DIRECTOR PHYSIC	AN []	-/10	1
MPOKIAN I						48	arn Terrace	11	2 5	
		S.L. Sandhir					g Community	<u>Hospita</u>	il, Fr	<u>ost</u> o
	230.	BURIAL, CREMATION, REMO				ETERY OR CREMATORY	CITY OF TOWN	cou	YTA	STAT
-	24.5	Burial	Aug. 12,	19/4 1	rostou	g Memorial	Pk. Frostbur	g, Alle	egany,	Md.
5	24. F	UNERAL DIRECTOR Durst Funeral	******	ADDRESS	W2 -	250. D.	ATE REC'D, BY REGISTRAR	ISTRAR	SSIGNATU	RE
		purse runeral	. nome, fro	a courg,	PM. L.	しつつべ 月し	IG1 6 1979 1	broken	FUN	worky

A THE TANK OF THE PARTY OF THE the control of the state of the and the same of the same Chas - Marsh Palacenny Sunted St. duc Ren Watcher Affection ALL DESCRIPTION OF THE RESERVED OF THE RESERVE Bur Charles and I Jan Drondom Monor at the Continue, allerent, Mr. Indies France Hote, ince barr, Md. 22512 . All a mark terminal

ROTRUCK FUNERAL HOME. KEYSER. W.V.

(VRA 15 (4))

STATE OF MARYLAND



1:1 7 7:	20		2111/64	33.1	SET_IOU	
	70		200	62 71		010
YTH. O						
naura se	buritas	LAT	EALT HISPI	H CEADAR	le lentile	
	\$ = 0.11		013	1 1		by
Marria		privipa	0.0	not less	nperio	
Elene.E.	olinean el	Acten More	lapha se	223		0.7
10, m. 215 2	IVE, CENTERIA	10 S ET ON ORI		.(.)	ME SPINNE,	'CM

ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ofter de

TO MOSPITAL C. ATTENDING PHYSICIAN. The retained by the hospital or attending physician.

	FOR] - STATE	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	HENE 7 9	8 5 5 2
	REGISTRAR 1. DECEASED NAME FIRST (TYPE OR PRINT) Rhea	Virginia Virginia	Horn	REG. NO. 20. DATE OF DEATH MONTH AUG	DAY YEAR 20. HOUR 25 179 5 A-M
M)	3 SEX Female	1 RACE White	5 DATE OF BIRTH MONTH DAY YEAR July 5, 1907	4 AGE (IN YEARS LAST BIRTHDAY) 72 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
75	7e BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania	76 CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR COUN	NTY OF DEATH
by the turn led with	10 CITY OR TOWN OF DEATH Cumberland		G HOME OR OTHER INSTITUTION	12e USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSEWIFE	GLUED 126 KIND OF BUSINESS OR INDUSTRY OWN HOME
mpletely filled in tond 2 should be to	USUAL RESIDENCE (# NURSING HOME OF 136 STATE 136 COU MARYLAND ALL INTERPRETATION OF THE PROPERTY OF THE PROPER	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW Cumber) MIDDLE LAST JOLLEU	N 134. INSIDE CITY LIMITS?	13e. STREET ADDRESS 219 Enily S ME Mae.	
on ond co	160 WAS DECEASED EVER IN C. A.	RMED FORCES? 146 SOCIAL SECU 217-28-	RITY NO. 17 INFORMANT	ADDRESS	Seton Drive , Cumberland, Md. APPROXIMATE INTERVAL ENTERNO NOSI AND DEATH
the town requires that the death certificate in the hos been signed by the attending physicist permit. Then please remove carbon paper gene prior to buriol, cremotion, or removal thows any injury, or other traumatic event, the	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT The DATE OF OPERATION	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE CONDITIONS CONTRIBUTING TO E	NCEOF NCEOF NCEOF NEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED	28e AUTOPSY7 29h IN GER	YES, WERE/FINDINGS USED ITIFYING CAUSES OF DEATH? YES \(\begin{array}{c} \text{NO} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
Volido Prinsiciales R After this certifica use os the buriol-tron tealth and Mental Hy s marked or them 18	OR COMMENDATION OF DE STANDARD OF DE	P.M. 214 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FI	19 211 LOCATION STREET	CITY DE TOWN	COUNTY STATE 19 79 , that (I) (we) last
TO FOUND OF A THE CONTROL OF A THE	276. SIGNATURE JOHN CO 276. PHYSICIAN'S NAME (TYPE (September of the pody ofter death. September of the pody ofter death. September of the pody ofter death.	DEGREE ATTENDING PHYSICIAN 270 ADDRESS Mysician	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 8 25 79
DHMH-16 20M (VRA 15, 4) 7/7B	230. BURIAL CREMATION, REMOVAL (SPECEY) BUTICAL 24 FUNERAL DIRECTOR H. Wayne George	8/28/79 Hil	Lane of cemetery or crematory Clorest Burial Park 27502 Umberland, Md. Al	2, LOCATION CUMBERLAND, A EREC'D. BY REGISTRAR 256. REG JG 3 1 1979	Allegany Mariyland Istrar's signature Intry McCroody

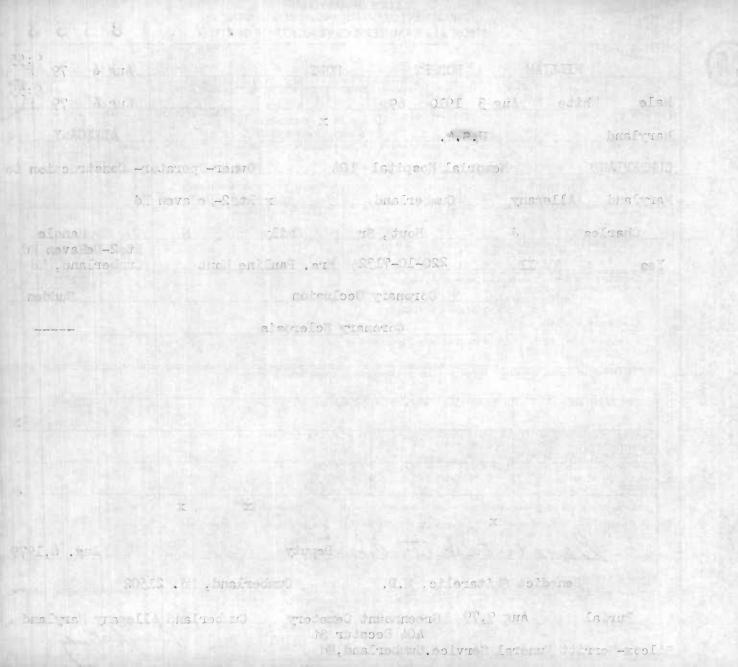
Pamerle object maly 5, 1907

Pamerle object maly 5, 1907

Pamerle object marking Home Houselin and Market Liver of the Time of

	FOR		DEPARTMENT OF	IEALTH AND MENTA	HYGIENE	1 0	0 /10	ming.
1.	STATE REGISTRAR	M	EDICAL EXAMIN	ER'S CERTIFICATE	OF DEATH Y	5. No. 8	3 5	5
	LCTW2ED IAWWE	IRST	WIDDLE	LAST	20. DATE KNOW	N MONTH	DAY YEAR	Zb. HOUR
(1)	PE OR PRINT)	LLTAM	ROBERT	HOUT	OF ESTI- DEATH MATEL	Aug Aug	6 19 79	9;55
3. 58		5. DATE OF BIRT	H 6 AGE IN YEA	RS IF UNDER 1 YR. IF UND	DER 24 HRS. 20 DATE PRONOUNCED	MONTH	DAY YEAR	24 HOUR 9:55
M	ale White		1910 69 YR	MOITING DATA MOOKS	MIN. PRONOUNCED DEAD	Aug	6 1979	P M
1. 1	BIRTHPLACE (STATE OR OREIGN COUNTRY)		WHAT COUNTRY?	8. MARRIED NEVER MA	RRIED . 9. BALTIMORE CI	TY OR COUNT	Y OF DEATH	
		TI.	S.A.		PRCED	AJ	LLEGANY	MD.
10. 0	aryland ITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSING HOME	OR OTHER INSTITUTION	120. USUAL OCCUPATION FOR MOST OF WORKING LIFE		OR INDUST	JSINESS RY
C	UMBERLAND		rial Hospita	1 DOA	Owner-Opera		astruct:	ion Co
USU 13a	AL RESIDENCE (IF IN NURSING	HOME OR OTHER INSTITUTION;	GIVE RESIDENCE BEFORE ADMISSION	1138. INSIDE CITY LIMITS				
M		llegany	Cumberland			n Rd		
4. 6	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MA	IDEN NAME		LAST	
	Charles	J		Sr Emi	ly M		Hand	le
	WAS DECEASED EVER IN U	I.S. ARMED FORCES? ES, GIVE WAR OR DATES)			ADD	RESS Rt#2-	-DeHave	a Rd
	Yes	WW II	220-10-73	32 Mrs. Par	line Hout	Cumbe	erland.	Md
	18. CAUSE OF DEATH (E	nter only one couse per li	, , , , , , , , , , , , , , , , , , , ,				APPROXIMAT BETWEEN ONSE	T AND DEATH
		MEDIATE CAUSE (a)		y Occlusion			Sud	den
	410-		OR AS A CONSEQUENCE (
	Conditions, if any, gove rise to imm	nediote (b)		onary Seleros	is			
1	couse (o) stating the lying couse lost.	DUE TO, C	OR AS A CONSEQUENCE C)F			1000	
		(c)						
z	PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION GIVEN I	N PART 1 (a).			
TIO	190. DATE OF OPERATION	N IIII CON	DITION FOR WHICH OPER	ATION WAS PERFORMED?	N = 4		20. AUTOPSY	2
FICA	The Brite of Or Elivino	170. COI	onioivi ok vineri orak					NO X
CERTIFICATION	210. EXTERNAL CAUSE W	VAS 216. TIME	OF INJURY	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PAR		NO LA
	UNDERLYING OR	HOUR A	.M. MONTH DAY YEAR					
MEDICAL	CONTRIBUTING CAU	21a PLAC	.M. 19 E OF INJURY (ATHOME,	21f. LOCATION				
ME	WHILE NOT WHI	ILE STREET, F	ACTORY, FARM, ETC.)	STREET	City OR TOWN	cou	INTY	STATE
		parent parent	described obove, held on		ction 🗶 , Inquiry 🗶 ,	ond in my opi	inion	
	deoth resulted from:	Natural couses :	Accident . Sui	cide	Undetermined monner	,		
	ACTUAL /	undist.	Xb itail	Deputy		DATE	Aug. 6	1070
	SIGNATURE	meories?	Sprarel	M.D. Dopady	MEDICAL EXAMINER	SIGNE	0-148	3-/17
-	EXAMINER'S NAME BE	nedict Skit	arelic, M.D.	ADDRESSCu	mberland, Md.	21502	1.545.	
23a	BURIAL, CREMATION, REMO			METERY OR CREMATORY	23d LOCATION	COUN	4TY	TATE
	(SPECIFY) Burial	Aug 9,	79 Greenman	nt Cemetery	Cumberland			
24.	FUNERAL DIRECTOR	ADDR		25a. DA	TE REC'D. BY REGISTRAR [13]	EGISTRAFISE	IGNATURE	
d	ilcox-Merrit				G 0 8 1979	want 140	Bready	112
7		A SHENA SHALL	Ke Life A & O CHILD ON			/	/	

STATE OF MARYLAND



HYNDMAN, PA.

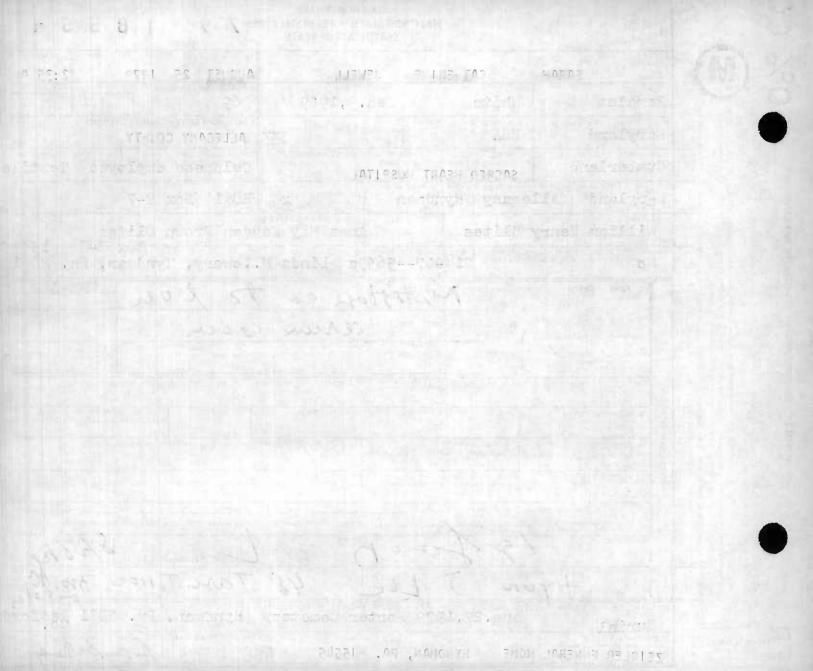
15545

STATE OF MARYLAND

FOR

(VRA 15 (4))

ZEIGLER FUNERAL HOME



	1						ARYLAND					
	1-	FOR STATE					ERTIFICATE			. 8	5 5	53
	1 DE	REGISTRAR CEASED NAME	FIRST	1416	MIDDLE	IIIVEK 3 C	1AST		REG. N	O. MONTH	DAY YEAR	Gold
2007		PE OR PRINT)						0	TE KNOWN DE ESTI-	5		M. A
3245	3. SE	x I	4. RACE	RLES 5. DATE OF BIRTH	ERV IN	IN YEARS IF I IN	KEPLINGER	9 016		8 	19 19 79 DAY YEAR	11:5
7.56	J. J.		1. KACE	MONTH DAY	YEAR LAST BI	RTHDAY) MONTH		MIN PRONO	ATE DUNCED			2d HOUR
1339		RTHPLACE (ST	White	June 21		3 YRS.			TIMORE CITY		9 1979	11:50
光東の世帯 ク	P FC	DREIGH COUNTRY)					ED KNEVER MAR	RIED 🛄	IIMORE CITT	_		
五等 2 3 5 5	110.0	West Vi	rginia		.S.A.	WIDOW			CUPATION (TYP		LEGANY	MD.
三世 学 三					SPITAL, NURSING H		EK INSTITUTION	FOR MOST OF	WORKING LIFE)	PE OF WORK	OR INDUST	RY
352 3000	Cı	umberla	nd		L HOSPITA			Reti	red		Barber	
F ANY DE SAND 3 I SECORDS		AL RESIDENCE (13b. COUN		13c. CITY OR TOW		13d. INSIDE CITY LIMITS?					
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 2120 SCERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF AN STRING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1. 2, ARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. REF. E. 3 SHOULD BE USED AS A BURIAL-IRANSIT PERMIT PAGES 1 AND 2 SHOULE EDEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL PERIOR TO BURIAL, CREMATION, OR REMOVAL.	Ma	aryland	All	egany	Cumber.	land	YES NO	124 H	umbird ;	Street		
TH. 1. 2. M. 3. 2. S. S. TTAL	14, F.	ATHER'S NAME		MIDDLE	LAST	G - L.	15. MOTHER'S MAIL	DEN NAME	MIDDLE	-2135	LAST	
104 P P		Char.		E		iger,Sr	Etta		Virgin		Turner	
AFTER DEATH. IF	166.	WAS DECEASED	DEVER IN U.S. AR	RMED FORCES? E WAR OR DATES)	16b. SOCIAL SECU		17 INFORMANT				umbird	Street
B. GIVE PA WITH FOR T. PAGES 1		No	(1. 123, 011)		217-10-	1934	Mrs. Ber	mice Kep	linger	Cumbe	rland, M	d
B. G. WII		IB CAUSE OF	F DEATH (Enter or	nly ane couse per line	for (o), (b), and (c).)					APPROXIMATI	EINTERVAL
Z Z Z Z Z		PARTIDE	ATH WAS CAUSE	ED BY: ATE CAUSE (a)		CORO	NARY OCCL	USION			SUDDEN	
N 24 T ITE/ ALOI T PER YGIE		1410	_		AS A CONSEQUEN	ICE OF				1		
WER NOVA			is, if ony, which			C	ORONARY 5	CLEROSIS			-	
UTED WITHIN N PENCIL IN EXAMINER A RIAL-TRANSIT MENTAL HYCOR REMOVAL		couse (o)	stating the under	<	AS A CONSEQUEN				41794	1200		
Z X X X O	100	lying cou	se lost.	(c)							137.00	
0.40		PART 2 OTHER SIG	SNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	TERMINAL DISEASI	OR CONDITION GIVEN IN I	PART 1 (g),				
AH	Z											
- 유교교	T F	19a. DATE OF	OPERATION	19b. CONDI	TION FOR WHICH C	PERATION W	AS PERFORMED?				2D AUTOPSY	?
	2 8										YES 🗆	NO.
	MEDICAL CERTIFICATION		L CAUSE WAS	216 TIME OF		21c. HC	OW INJURY OCCUR	RED (ENTER NATURE C	F INJURY IN ITEM 18	PART 1 OR PAR		
DED TO THE 3 SHOULD BE DEPARTMENT PRIOR TO BURI	ALC	UNDERLYING	OR NG CAUSE OF	DEATH P.M		/EAR						
FIER	DIC	21d INJURY O		21e. PLACE (OF INJURY (AT HOM	E. 211. LO	CATION					
ARDED AGE 3 S ATE DEP 01 PRIO	M.	WHILE	NOT WHILE	STREET, FAC	TORY, FARM, ETC.)	S	TREET	CITY O	RIOWN	COA	NTY	STATE
2 4 - 0		AT WORK	AT WORK					527		<u> </u>		
POR 1		220. I certif	y that I took char-	ge of the remains des	cribed above, held o	on Autop	sy 🔲 , Inspect	ian 🔀 , Inqu	iiry 🗶 oi	nd in my opi	inion	
EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST ATTIMORE, MARYLAND, 211 ATTIMORE, MARYLAND, 211		deoth resulte	ed fram: Notu	prol coures	Artident,	Suicide	, Homicide	Undetermine	d manner			
DIR DIR WIT		A CTUAL	(1)	, 4/10.	7	1	TITLE (SPECIFY)					
AL HOL	-	SIGNATUR	Jenea	uch ske	larele	<u>~</u> _M	Deputy	MEDICAL E	CAMINER	SIGNE	August	19,79
NER NER DEA		EXAMINER'S	NAME									
ER ITIM	-	(TYPE OR PRIN	NT) BENE	DICT SKIT	ARELIC, M	.D.	ADDRESS CUM	BERLAND	, Md.			
PA PA BAL	23o. B	SURIAL, CREMAT	ION, REMOVAL	23b. DATE	23c. NAME OF	CEMETERY O	R CREMATORY	23d. LOCATIO	N	COUN	TY SI	TATE
	1	Buris	al	Aug 22/79	Zion N	(emoria	1 Park	Cumber	land A	llegan	y Mary	
17 20M 1/73 15 ME (5))	24. F	UNERAL DIREC	TOR	ADDRESS	101	Decatu	r St 250. DAT	E RECID BY REGIS	CAR 256 REG	ISTRAR'S SI	GNATURE	andre .
(13 ML (3))	3		erritt F	uneral Ser			.Md	HUGLU	1	/	/	7
	-			The second second	1 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -							7

an desertion that a street en op 12 and, en 1 . a. P. U rectand TAL WAR I -- TO -- TO HOLD TO THE CONTROL OF THE CONTROL O order the state of ing a sing a substitution of the substitution 217-10-103h con. Wirthou keplining Orcherland, Me BEVOLUNE TAKETO Property and the second of the 50 de si 6: e/6 TOTAL PROPERTY, E.H. 113 7 3 3 3 5 Holdman 22 12 12 12 10 2 1/22 14 12 12 17 figure - company to the configuration of

injury, or ather traumatic event, the medical exami

IMPORTANT: If them 21 is marked or them 18 shows any

FOR - STATE REGISTRAR			STATE OF M DEPARTMENT OF HEALTH CERTIFICAT
ECEASED NAME	FIRST	WIDGLE	LAST
E OR PRINT)	NEWLENE	BOULEC	W OCTED

24 FUNERAL DIRECTOR CUMBERLAND, MD. 21
SCARPELLI FUNERAL HOME, 108 VA. AVE.

ARYLAND AND MENTAL HYGIENE

REG. NO

250. DATE REC'D BY REGISTION 256. REGISTRAR'S SIGNATURE

5	5	6
		PAI

I. DECEASED NAME	FIRST	WIDGLE	- 1	AST	20. DATE OF DEATH M	ONTH O	DAY YEAR	26. HOUR
(TYPE OR PRINT)	NEVIEVE	AGNES	KLOS	TERMAN	0	8-14-	79	8:03
3. SEX	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHE		IF UNDER 1 YEAR	IF UNGER 24 HR
Female	Wh	ite	June	8, °1906 YEAR	73	YRS.	AONTHS DAYS	HOURS MIN
OUNTRY)	FOREIGN 76 CITIZE	N OF WHAT COUNT	RY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR			
Maryland		USA	WIDOWE		ALLEGAN	A COL	JNTY,	
Cumberlar	LIENC	T IN SUCH FACILITY GIVEST ACRED HEAR	REET ADDRESS) HOSP	TAL	12a. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V HOUSEWIFE			F BUSINESS O
USUAL RESIDENCE (IF NI. 130 STATE Md 0	IRSING HOME OR OTHER INST	130, CITY OR T Cumbel	OWN	13d. INSIDE CITY LIMITS? YES A NO	13e STREET ADDRESS	ap St		
4 FATHER'S NAME John Tho	omas Mc Dor	nald		15 MOTHER'S MAIDEN NA FIRST Annie	Messecker		LAS	т
60 WAS DECEASED EVE	R IN U.S. ARMED FOR		ECURITY NO.	17 INFORMANT	ADDRES	5		
no	(1.100,071			Mrs. Betty	Sullivan, Ba	ltimo	re, Daug	ghter
18 CAUSE OF DEA	ATH Enter only one cou WAS CAUSED BY.	use per line for Q, (b)	, and ic	1:			APPROXI BETWEEN O	MATE INTERVAL
Desga 190 DATE OF OPER	mmediate fing the SE IDST DUE	ONDITION FOR WH	TO DEATH BUT	WAS PERFORMED	200 AUTOPSY YES NO	20b. IF YES, IN CERTIFY YES	, WERE FINDIN YING CAUSES	NGS USED
00 50-170-0110-10	100	TIME OF INJURY UR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18, PA	ART 1 OR PART 2)	
(IF EITHER, NOTIFY MED 21d INJURY OCCU WHILE NOT AT WORK AT W	RRED 21e F	P.M. PLACE OF INJURY OME, STREET, FACTORY, OFF	ICE, FARM, ETC.]	21f. LOCATION STREET	CITY OR TOWN		COUNTY	STATE
	(1) (this haspital) attendated alive on (did) (did nat) view the		9, ar	, 19, 19	death accurred an the date		and from the	causes stated
-//	Mal	revece	i-m	ATTENDING A	MEDICAL STAFF		8-	16-79
22d. PHYSICIAN'S	NAME (TYPE OR PRINT)	70		22e. ADDRESS				
VICTOR	E. MAZZOCO	CO, M.D.		912 SETON DR	IVE, CUMBERL	AND.	MD. 21	502
230 BURIAL, CREMATION (SPECIFY) Burial			INAME OF C	EMFTERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
4. FUNERAL DIRECTOR	C	UMBERLAND,	MD. 21	502 250. DAT	EREC'D' BY REGISTRAR 2			

BP. DHMH - 16 50M 7/77 (VR A 15 (4))



01-17-00	E PORTS KLUSTE HA	V: (V: Line
	2007 B one; 2009	
VLLEGA Y C = TY,		EAST FAMOUR OF
and introduction one	SACHE) HEART HUSPITAL	
AT Orange st.	The second of the second	
under the Z	To see a	
	Here are a local to the	City
A STATE STATE STATE		
	2001-00	
	Programme and the second secon	
	Bullion S. Hostins	
	Bullion S. Hostins	
	7ZLCC0, 1.0. 012 SETON	

1	1	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 7 9 8	3 5 5 7
		CEASED NAME FIRST	WIDOLE	LAST	2a. DATE OF DEATH MONTH DAY	YEAR 26. HOUR
18 M		EDGAR	THOMAS	KOLB JR.	AUGUST 23, 1979	4:40 AM
The state of the s	3. SE	x Male	4 RACE White	NOV. 26, 041938 YEAR		UNDER 1 YEAR IF UNDER 24 HRS
in 72 ho	7a. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALLEGANY COUNTY	F DEATH MD.
optified with	10 C	Cumberland	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET SACRED HEART	AOPRESS HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING LIFE) Phle botomist	126 KIND OF BUSINESS OR INDUSTRY HOSpital
Sand be			other institution, give residence before ITY 13c. CITY OR TOVE	100. 11.0.02 0.11 0.11.10.	13e STREET ADDRESS 614 ELW	ood St.
and 2 sh	14 F.	ATHER'S NAME FIRST Edgar T	Kolb Sr. LAST	15. MOTHER'S MAIDEN NA	race Dove	LAST
Poges 1	160.	NAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECTION (MAR OR GATES) 218-38-		a Kolb, Cumberland	, Md. Wife
en signed by the offer. Then please remove. Tro buriol, cremation rinjury, or other troum	NOI			ENCE OF	AIN AL DISEASE OR CONDITION GIVEN	
nsit permit. I	CERTIFICATION	190. DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO YES	
Mentol Hygin I shirt I shirt I shirt	MEDICAL CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P.M.	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18, PART	1 OR PART 2)
th and M	MED	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIRECTOR. A ached for use. Dept. of Heol		220.1 certify that (I) (this hospi saw the deceased alive on abave. (I) (we) (did) (did no 22b. SIGNATURE	Aug 22	DEGREE	deoth occurred on the date and haur a	22c. DATE SIGNED
should be deto with the Stote [MPORTANT: #	-	22d. PHYSICIAN'S NAME (THEO	R PRINTI	PHYSICIAN S	MEDICAL STAFF DIRECTOR PHYSICIAN	9-23-79
should with th IMPOR	226	THOMAS J. D		33A EAST M	I 23d LOCATION	ING, MD
		Burial		lendale Cemetery	Flintstone, Al	legany. Md
6 50M 7/77 A 15 (4))		UNERAL DIRECTOR SCARPELLI FUNER	AL HOME 108 V	COLIDA PLID	TE REC'D. BY REGISTRAR 256. REGISTRA UG 27 19/9 Mayor	R'S SIGNATURE

			,			-Sec
	A LEON OF TA					
	ling-ofo-si		1071.2	ובס באון	308	lura Espolática.
• 4	47		THE SHALL	policies (Tones II	Broken
	ome? n			.20		
ME . 188 .	- Nie-Weight , die	S. market	. Test Total	-10-103		ed.
	A STATE OF THE STA	11A T3A	0.2.2		U. OTVILLING	2 /

DHMH - 17 (VR A15 ME (5)) 15M 7/76

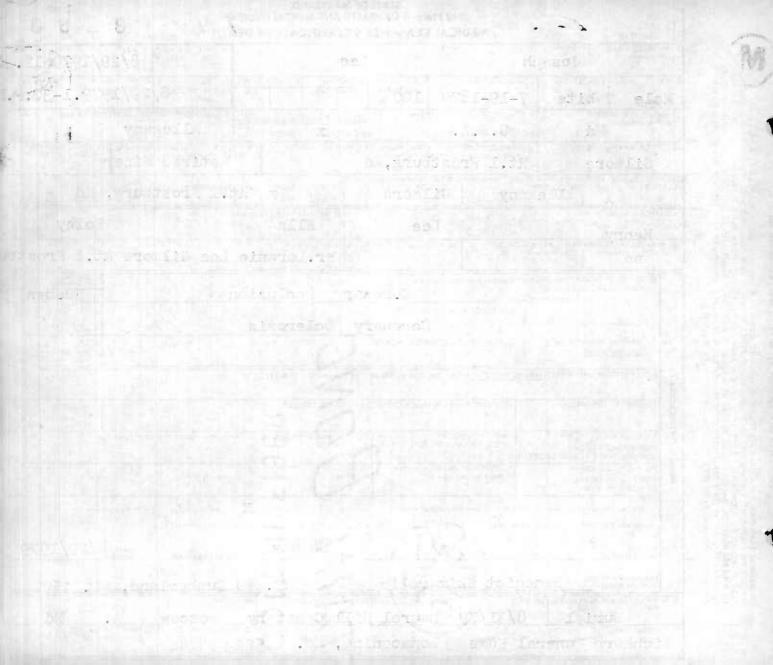
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

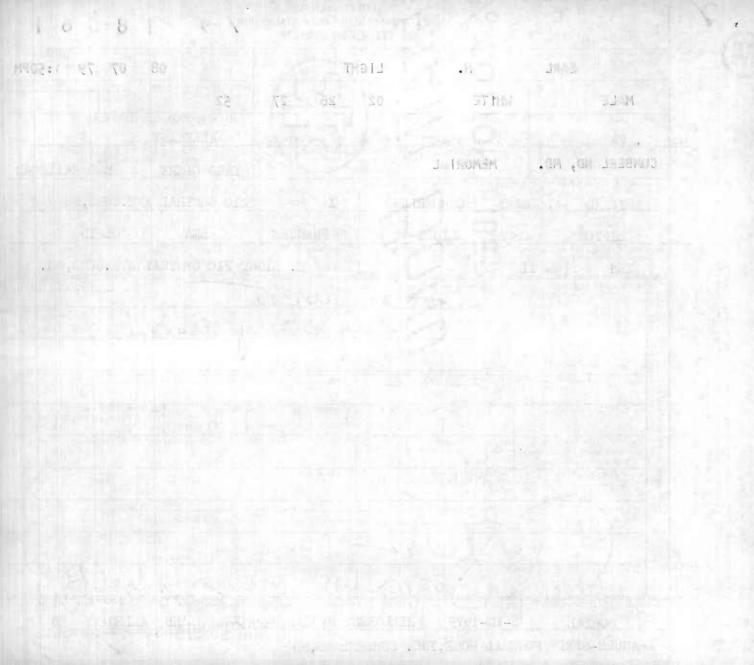
1-:	FOR STATE REGISTRAR		ME	DEPARTM DICAL E	ENT OF	HEALTH ER'S C	AND M	ENTAL H	YGIEN F DEA	TH 9	REG. N	8	3	5	8
	CEASED NAME E OR PRINT)	rnold	Fis	her	Lea	ther	ma n				KNOWN (ESTI- MATED		24-79		2b. но :3(
M. SEX	ale Whi	+0	DATE OF BIRTH	YEAR	LAST BIRTHD	AY) MONTH		IF UNDER		RONOUN DEAD	CED	8-	24-79		2d. HC
	RTHPLACE ISTATE OR REIGN COUNTRY)	71	CITIZEN OF W		RY?	8. MARRIE	-	VER MARR	IED U		le ga		INTY OF DE	ATH	7
B	mber land		NAME OF HOS	SPITAL, NURS	ING HOME	OR OTHE	tal	TION		AL OCCUP		PE OF WOR	L Um	OF BUS IDUSTRY Dern	
	TAVa	ME OR O	_	13c CITY C	DRTOWN		13d. INSIDE O	ITY LIMITS?	13e. STRE	ET ADDRE 417	ss Rid	ge :	Stree	t	
14. FA	THER'S NAME FRST Jodie	٨	AIDDLE	Leath	st erman			ER'S MAIDE		м	IDDLE		Webb	ST	
16a. W (YE	VAS DECEASED EVER	(IF YES, GIVE WAI		16b. SOCIA	30 C	Y NO.	17. INFOR			man	Key	SS		a.	
	B. CAUSE OF DEA PART I DEATH V	TH (Enter anly of WAS CAUSED B		e for (a), (b),	and (c).) C	ARCI					ALIZ	ED	APPR BETWE	OXIMATE II	NTERVA
	Conditions, if gave rise to cause (o) statin lying cause last	ony, which immediate ag the under-	DUE TO, OR	R AS A CONS			HOGE	NIC (CARC	INOM	A		X	1	ye:
NO	PART 2 OTHER SIGNIFICA	NT CONDITIONS <u>con</u>	TRIBUTING TO DEATH	BUT NOT RELATE	O TO THE TERM	IINAL OISEASE	OR CONDITIO	N GIVEN IN PA	IRT 1 (a),						
CERTIFICATION	19a. DATE OF OPER	ATION	19b. CONDI	TION FOR W	'HICH OPER	ATION WA	AS PERFOR	RMED?	100		7			TOPSY?	NO.
-	210 EXTERNAL CALL UNDERLYING CONTRIBUTING	OR		A. MONTH	DAY YEAR		W INJURY	OCCURRE	D (ENTER N	ATURE OF INJ	URY IN ITEM 1	8 PART 1 OR	R PART 2)		Ī
MEDICAL	21d. INJURY OCCUI	RRED	21e. PLACE	OF INJURY			CATION			CITY OR TO	WN		COUNTY		STA
	22a. I certify that death resulted fro	t I taok charge o	ct Sk	Tar], su	ricide	Homi TILE (S De	Inspection cide :	Undete	Inquiry ermined mo	onner		TE 8-	24-	
	(TYPE OR PRINT)		dict S						Cumb	er la	nd,	Mary	yland	21	50
23a.B	URIAL, CREMATION,	REMOVAL 23b.	DATE		hmans	METERY OF		ORY	23d. LO	CATION		G-	Fant	With	2-

0 2 8 Salt No. 2 or Arctificate Established to St. 2021 BAS - 12 - 27 - 3C-3 Wirneld Praher Leatherman EDS: M 95-45-3 01-22-15 84 issign solid tie XX Isseen Interin 5V.W the midtal is a pained one . All . . , nervou moralitesa mas corace acau CARC DIONITOSIS, GENSKA LERLD Deputy 21-25-8 Bonedack Skitarelia, M. D. Reb. Combertand, Saryland 2150% · Your address of the section of the schingly been convent souther

. The Office Con on I history 0015 to provide the first the minimum a training to the contraction . The state of the man a match -offer the grant full extends ---design and the standard Z. regions of the leaves end for all back life, - i. H-25-77 Committee of the state Jerog J. Lovernich, Juneary J. L. Cores

11-	FOR			EPARTMENT OF		AND MENT			1 8	5 6	n
	REGISTRAR		MED	ICAL EXAMIN			E OF DEA	III. O			- D W
	ECEASED NA	Jose	p h	WIDDLE	Lee	AST		20. DATE KNOWN OF ESTI- DEATH MATED	8/2	9/197	1.01
3. SE	x fale	4. RACE White	5. DATE OF BIRTH	FOR LAST BIRTHDA	ARS IF UND AY) MONTHS		NDER 24 HRS.	21. DATE PRONOUNCED 8	/29/1	979 ,1	AR 2d. HOL
7a. E	BIRTHPLACE OREIGN COUNTR	ISTATE OR	76. CITIZEN OF WHA	AT COUNTRY?	10	D NEVER A	AARRIED	BALTIMORE CIT	Y OR COUNT		
10. 0	Gilm	N OF DEATH	11. NAME OF HOSP	ITAL, NURSING HOME	E, OR OTHE		12a USI	AL OCCUPATION Retired		126. KIND OF OR INDU	BUSINESS
	STATE	E (IF IN NURSING HOME O	or other institution, give	RESIDENCE BEFORE ADMISSIN	ON)	3d. INSIDE CITY LIM	13. R.R	et 1º00 Fros	tburg	, Md	
14. F	ATHER'S NAME FIRST	ME	WIDDLE	Lëe		IS. MOTHER'S A		MIDDLE		Folle	у
160.		SED EVER IN U.S. AR	MED FORCES? WAR OR DATES)	166. SOCIAL SECURIT	Y NO.	7 INFORMANT		Lee Gil	more I	Rt.1	Frost
	PART I	DEATH WAS CAUSE	TE CAUSE (a)	Cor AS A CONSEQUENCE			lusior	ı		BETWEENO	MATE INTERVAL MSET AND DEAT DEAT
	gave cause lying c	rise to immediate (a) stating the <u>under-</u> cause last.	DUE TO, OR A	Coron AS A CONSEQUENCE O	OF	Scler					
CATION	19a. DATE	OF OPERATION	196. CONDITI	ON FOR WHICH OPER	RATION WA	S PERFORMED	?			20. AUTOR	SY?
Ě										VEC [T NO W
AL CERTIFIC	21e. EXTER	NAL CAUSE WAS		MONTH DAY YEAR		W INJURY OCC	CURRED (ENTER	NATURE OF INJURY IN ITE	M 18 PART I OR PA	YES [□ ио Х
MEDICAL CERTIFICATION	216. EXTER UNDERLYII CONTRIBU 21d. INJUR' WHILE AT WORK	NG OR UTING CAUSE OF Y OCCURRED	HOUR A.M. DEATH P.M. 21e. PLACE O		211. LOC		CURRED (ENTER	NATURE OF INJURY IN ITE			NO X
MEDICAL CERTIFIC	AT WORK	NG OR UTING CAUSE OF Y OCCURRED NOT WHILE AT WORK ertify that I took charge ulted from: Natu	HOUR A.M. P.M. 21e. PLACE O STREET, FACTO ge of the remains descral causes	MONTH DAY YEAR 19 FINJURY (ATHOME, DRY, FARM, ETC.) ribed abave, held an Agaident , Su kitarelia	Autops:	ATION REET Hamicide THE (SPECI	pectian X, Unde	Inquiry	and in my ap	RT 2)	stati 1979
2.	AT WORK 220. I ce death res ACTUAL SIGNATUR EXAMINER (TYPE OR P BURIAL, CREA	NG OR UTING CAUSE OF Y OCCURRED NOT WHILE AT WORK ertify that I took charge ulted from: Natu	HOUR A.M. P.M. 21e. PLACE O STREET, FACTO ge of the remains desc ral causes X, nedict S	MONTH DAY YEAR 19 FINJURY (ATHOME, DRY, FARM, ETC.) ribed above, held an Agaident , Su kitarelia 23(, NAME OF CE.)	Autops: Autops: M. METERY OF	Homicide THE SPECIAL ADDRESS B	pectian X, Unde	Inquiry	ond in my on	UNITY 20 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	/1979

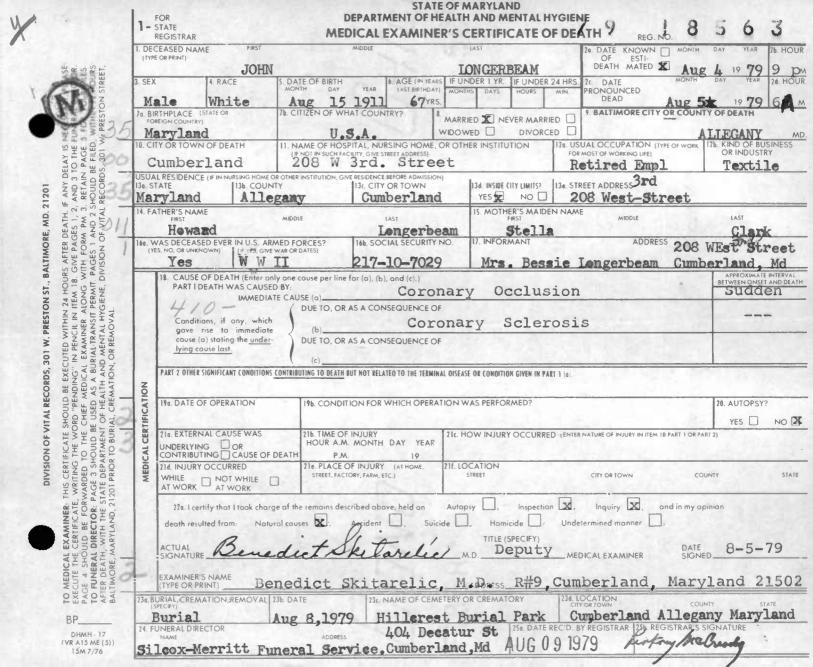




1	FOR STATE REGISTRA	0				H AND MENTAL HY CERTIFICATE OI			8	5	6	2
	DECEASED N (TYPE OR PRINT)			MIDDLE C		lewellyn	2a. DATE	KNOWN KESTI-	MONTH	30	YEAR 19 79	26. HOUR 7:45
M M	sex (al.e	4. RACE White	S. DATE OF BIRTH	1898 81	DAY) MON	NDER 1 YR. IF UNDER 2		TE JNCED	MONTH 8	DAY	YEAR 19 79	2d HOUR 8:45
# 20	BIRTHPLACE	RY)	76. CITIZEN OF WI	• A•	WIDOV	RIED NEVER MARRIE	D 🗆	MORE CITY O	ny			MD
00	Barto	n, Md.	BOX 11	PITAL, NURSING HOM	Md.	HER INSTITUTION	120. USUAL OCC FOR MOST OF W Farme	ORKING LIFE)	OF WORK	12b. KII	ND OF BU	SINESS
255	STATE Md.			13c. CITY OR TOWN Barton	SION)		13e. STREET ADD	ii2 Mi	ller	Rd.	Bart	ton Mc
110		eve	MIDDLE	Llewelly 16b. SOCIAL SECUR		IS MOTHER'S MAIDEN FIRST Annabe		MIDDLE	12	M	ille:	
160	(YES, NO OR UN		WAR OR DATES)	220-10-2		Mrs Nell:	ie Llewe	ADDRESS 11yn Bo				
/Ar.	18. CAUS	E OF DEATH (Enter onl DEATH WAS CAUSED IMMEDIAT	D BY: C	oronary Oc		on				BEZV ST	PROXIMATE VEEN ONSET UCCET	INTERVAL AND DEATH
KEMOVAL	gave	itions, if any, which rise to immediate (a) stoting the under-	(b)	Coronary	Scler	osis						
	lying	couse last.	(c)	AS A CONSEQUENCE		SE OR CONDITION GIVEN IN PART						
		OF OPERATION					1 (a).			To .		
	TYO. DATE			TION FOR WHICH OPE					v d	,	ES	NO 🛣
WENCE CERTIFICATION	UNDERLY	RNAL CAUSE WAS ING OR UTING CAUSE OF D	DEATH P.M	MONTH DAY YEA	AR	OW INJURY OCCURRED	(ENTER NATURE OF	NJURY IN ITEM 18 F	PART I OR P	ART 2)	310	
	21d. INJUI	NOT WHILE C		OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION STREET	CITY OR 1	OWN	cc	YTHUC		STATE
BALTIMORE, MARYLAND, 21201		Rom	e of the remains designation alouses X,		Autor	Inspection Homicide TITLE (SPECIFY)	Undetermined r	nanner .	d in my a	8.	/ 30/	79
LTIMORE,	EXAMINE (TYPE OR	R'S NAME Bene	edict Skit			ADDRESS Balti	MEDICAL EXA		signi berl			
	(SPECIFY)	MATION, REMOVAL 2 Burial	9/2/79	Laure		Ll Cem.	23d. LOCATION CITY OR TOWN MOSC	OW Mill	s Al	lega	anv	Md.
5))	NAME	ls Funeral	Service		ernpo	rt, Ma. SE	P4 IJ	9	195	1777		7



1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	in the Little		75.40	
:0. ty ot o		I 6 6 I	<u>, </u>	516
Aut of	4 m		*	. 18
man de de		. R . mcJri = E		.W .colean
or 112 filter A. Burton		notro	file of	. 101
7	Te famil	n (1) n		27/48
li olim oculiz eron	diff of soil	220-10-275		C
		to vir et		
			X	
			X	
	y tug C		х	



34 / 1 197 Internal 95.53 · Constitution of the State of 0.5 1.0 T 1352344 allows isotorically 3010 200 110 11000 CIT-11-772 re. ore c mer en merital, d The state of the s #1 TU 300 114 o france of the factor of the should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be the State Dept of Houlth and Mental Hygiene prior to buriol, cremation, or removel.

- S	FOR STATE REGISTRAR				MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH		G. NO.	8	5 6	4
1. DECE/	ASED NAME	FIRST		MIDDLE	ι	AST	20. DATE OF DEA		DAY	YEAR 2b.	HOUR
		MARY		HELEN		MAINE	AUGUS	T 25,	1979		3:50
3. SEX	Female	4	RACE Whit	e	S DATE C		6. AGE (IN YEARS LA	AST BIRTHDAY)	IF UNDER		UNDER 24 H
	HPLACE STATE OR FO	REIGN 76		WHAT COUNTRY?	8		9 BALTIMORE C			ATH	
	W. Va.		U.S.A		WIDOWE	NEVER MARRIED		214			
IO CITY	OR TOWN OF DEA		I. NAME OF		NG HOME C	OR OTHER INSTITUTION	12a. USUAL OCCU	JPATION		OND OF BUSTRY	JSINESS (
	RESIDENCE (IF NURSILATE)	NE HIME OR OT 13 COUNTY Mine	THER INSTITUTION		RE ADMISSION)	13d: INSIDE CITY LIMITS? YES X NO	13e STREET ADDR	RESS			
) 4. FATH	ER'S NAME FIRST Cecil	MID	DOLE S	anders		IS. MOTHER'S MAIDEN N FIRST		DLE	0	LAST ates	
	S DECEASED EVER			166 SOCIAL SECU	JRITY NO.	17 INFORMANT		DDRESS	Table 1		V. Vo
(YES,	NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	234 42	9463	T. Edward S	mith 136	5 Corn	ell s		
	4380 Conditions, if ony,	which	DUE TO, O	R AS A CONSEQU	ENCE OU	estul Al	ert you	Yell		500	uy s
9 0 -	gove rise to imm couse 101, stating underlying couse	which nediote g the lost.	DUE TO, O (b) DUE TO, O (c)	R AS A CONSEOU	ENCE OF	NOT PRIATED TO THE TER	MINAL DISEASE OR	CONDITION	GIVEN IN P	5 Au	ly s
9 0 -	gove rise to imm couse (a), stating underlying couse	which nediote g the lost.	DUE TO, O (b) DUE TO, O (c) ONDITIONS CO	R AS A CONSEQUE	DEATH BUT	dencenon	un y The	plaa	der	/	ly S
9 0 -	gove rise to imm couse 101, stating underlying couse	which nediote g the lost.	DUE TO, O (b) DUE TO, O (c) ONDITIONS CO	R AS A CONSEQUE	DEATH BUT	NOT PRIATED TO THE TER	MINAL DISEASE OR OR AUTOPSY: YES NO	20b. IF	GIVEN IN P. OLEN YES, WERE RTIFYING C. YES YES	FINDINGS AUSES OF	
CERTIFICATION (2)	gove rise to imm couse (a), stating underlying couse	which lediote g the lost. IFICANT CO ION ERLYING AUSE OF DEATH	DUE TO, O (b) DUE TO, O (c) ONDITIONS CO 196 COND	R AS A CONSEQUE ONTRIBUTING TO MMT La ITION FOR WHICH OF INJURY M. MONTH D	DEATH BUT	dencenon	YES NO	20b. IF IN CE	YES, WERE RTIFYING C. YES	FINDINGS AUSES OF	DEATH?
MEDICAL CERTIFICATION	gove rise to imm couse (a), stating underlying couse ART 2 OTHER SIGN a. DATE OF OPERAT b. ACCIDENT WAS UND CR CONTRIBUTING COUSE	which lediote g the lost. IIFICANT CO ION ERLYING AUSE OF DEATH ALL EXAMINER) ED	DUE TO, O (b) DUE TO, O (c) PODITIONS CO 196 COND 216 TIME O HOUR A. P. 21e PLACE	R AS A CONSEQUE ONTRIBUTING TO MITTON FOR WHICH OF INJURY M. MONTH D M.	DEATH BUT OPERATION AY YEAR 19	WAS PERFORMED	On AUTOPSY'S YES NO RRRED (ENTER NATURE C	20b. IF IN CE	YES, WERE RTIFYING C. YES	FINDINGS AUSES OF N ART 2)	DEATH?
MEDICAL CERTIFICATION 130 130 130 130 130 130 130 13	gove rise to imm couse 101, stating underlying couse ART 2 OTHER FIGN D. DATE OF OPERAT OR, ACCIDENT WAS UNDID DR CONTRIBUTING C IF EITHER, NOTIFY MEDICA Id INJURY OCCURR	which lediote go the lost. IIFICANT CO ION INSTERNATION ION ERLYING AUSE OF DEATH AUSE OF DEATH ALEXAMINER) ED (This hospitol do live ba id) (did not)	DUE TO, O (b) DUE TO, O (c) INDITIONS CO 19b COND 21b. TIME O HOUR A. P. 21e. PLACE (AT HOME. STI	R AS A CONSEQUE ONTRIBUTING TO MITTON FOR WHICH OF INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE, the deceased from 19	DEATH BUT OPERATION AY YEAR 19 FARM, ETC.)	N WAS PERFORMED 21c. HOW INJURY OCCU	YES NO RRED (ENTERNATURE C CITY- 1 deoth occurred on	200. IF IN CE	YES, WERE RTIFYING C. YES 18, PART 1 OR P COUNTY 19 hour and free	FINDINGS AUSES OF N ART 2)	STATE (I) (we) I sees stoted

BP.

DHMH - 16 50M 7/77 (VR A 15 (4))

Rotruck 24 FUNERAL DIRECTOR LLen M.

Burial

27 Aug 79

231. NAME OF CEMETERY OR CREMATORY Queens Point

23d LOCATION CITY OR TOWN Keyser

Mineral

STATE W. Va.

Keyser, W. Va.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE AUG 3 0 1979



NO CE				
August 25, 1929 5150	BISTAN	MELEK	YEAR	
ta liste		u =1		Foreign
Yangila,		, ,	u ly	
note and			an	CULBERTAND
AT Sepand 25,		e~,	lanani.	e e e
and the second s	21	and base		31 260
of the first comment at. Keyens	WINE THE	N. 24 42		0
The state of the s				
MEMORIAL MEDICAL BLDG.		n. swiser	SEAHOR	8 , 90
Mayder Administ Va.	inio, an	Amy 78 L duces demant 139	YOU HAD	inimus in Europe

BP

DHMH - 16 50M 7/77 (VR A 15 (4))

event, the

njury, or other troumotic

IMPORTANT: If them 21 is marked or them 18 shaws ar

Σ

					STATI	E OF MARYLAND				
1 -	FOR STATE REGISTRAR					EALTH AND MENTAL HYG ICATE OF DEATH	IENE 7 9	1 8	S	6 5
	OR PRINT	FIRST	^	VIDDIE	L.	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26. HOUR
	,	DAVID	EU	GENE	MA	PHIS	AUGUS	T 14, 1	979	4:00Pm
3. SEX	Male		4 RACE Whi	te	S. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRT	HDAY] IF U	NDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
e cc	RTHPLACE (STATE DUNTRY) Maryland	OR FOREIGN	USA	WHAT COUNTRY?	WIDOWE		9. BALTIMORE CITY O	R COUNTY OF ALLEGAN		JNTY, MD.
	r or rown of umberlan		IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET SACRED HI	ADDRESS)	OSPITAL	(TYPE OF WORK FOR MOST O Retired At			of Business or
USU/ 430. S	AL RESIDENCE (IF	NURSING HOME OR 13b COUN Alle	ITY	GIVE RESIDENCE BEFOR 131. CITY OR TOW Cumber	N	13d INSIDE CITY LIMITS? YES NO []	13. STREEL ADDRESS	mbia St	•	
14. FA	THER'S NAME FIRST	Harry	L. Maph	is		15. MOTHER'S MAIDEN NAME FIRST Beatr	ice M. Coop	er	LA	ST
	AS DECEASED EYES, NO OR UNKNOWN		WAR OR DATES)	166 SOCIAL SECU	IRITY NO.	Mrs. Beatric	e Cooper, C		nd, M	Mother
	Canditions, if gave rise to cause (a), st	IMMEDIAT IMMEDIAT any, which immediate	D BY: E CAUSE (a) DUE TO, OI	R AS A CONSEQU	La hi	of the l	considerantes ung en	or Hi	APPROX BFTWEEN	KIMATE INTERVAL ONSET AND DEATH
rion						NOT RELATED TO THE TERM				
CERTIFICATION	190 DATE OF OPI				OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSES	
EDICAL CE	21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY N	CAUSE OF DEA	TH P.	M. MONTH D.	AY YEAR	216 HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART I	OR PART 2)	
ED	21d. INJURY OCC	URRED	21e PLACE	OF INJURY		211 LOCATION	C.T. 02 20.		- O. I. IDI	

WHILE AT WORK NOT WHILE

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

220 I certify that (I) (this hospital) attended the saw the deceased alive an in (my) (aur) apinian death accurred an the date and haur and fram the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED

270. PHYSICIAN'S NAME (TYPE OR PRINT) JOHN N. MEHANNA, MD. 22e. ADDRESS

909-B SETON DRIVE, CUMBERLAND, MD.21502

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

230 BURIAL, CREMATION, REMOVAL Burial 23b. DATE 8-17-79 23c. NAME OF CEMETERY OR CREMATORY Davis Memorial Cem.

Cumberland, Allegany,

108 VIRGINIA AVE. CUMBERLAND, MD.21502 24 FUNERAL DIRECTOR SCARPELLI FUNERAL HOME.

Vall and the same of the same in the state of th STORES IN MERSONS IN THE PROPERTY OF THE PROPE provide contract to any contract to a contract

SECTION OF THE PROPERTY OF THE SECTION OF THE PROPERTY OF THE SECTION OF THE SECT

2 6 1 5 V

SODIA PEGI SAL ASTRAIA

					250,240			ARYLA							
-	1 - 5	OR TATE				ENT OF H					TH 9	- 1	8 5	6	6
	. DEC	CURCO LANGE	FIRST	7442	WIDDLE			LAST	CAIL	JI DEA	20 DATE KNO	EG. NO.	ONTH DAY	YEAR	2b. HOL
	(TYPE	ORPRINT) Eas	cnest	D.	Mc 1	aughl	in				OF EST	ED WXE	3-5-79	19 1]	:00
3.	SEX Ma	ale Whit	MON		1897	AGE (IN YEA LAST BIRTHDA	MONTH	DER 1 YR.	IF UNDER		2c. DATE PRONOUNCED DEAD	Aug	INIH DAY	YEAR 19 79	24 HOL
70	FOR	THPLACE (STATE OR IGN COUNTRY) Saryland		TIZEN OF WH			1	ED NE	VER MARK	IED L	9. BALTIMORE	CITY OR C			g,
10	0 CIT	Own Creek	(IF	AME OF HOSP NOT IN SUCH FAC	ILITY, GIVE STRE	ET ADDRESS)	OR OTH	ER INSTITU	TION	12a USU FOR W	Alleg ALOCCUPATION COST OF WORKING L Ctired	N (TYPE OF W	OR	D OF BUS INDUSTR	
	SUAI 3a. ST		COUNTY Allega	INSTITUTION, GIVI	13c. CITY C	FORE ADMISSIO	N)	13d. INSIDE C		13e. STRE	ET ADDRESS	205 B			re.
14	4. FA	HER'S NAME William A						15. MOTH	R'S MAID	ENNAME	. Shryc	HE I I		AST	
16	6a. W (YE	AS DECEASED EVER IN L	J.S. ARMED FO	ORCES?	16b. SOCIA	AL SECURITY	NO.	Mr. 1	THAN			DRESS	Br Oldtow	other n,Md.	
		18. CAUSE OF DEATH (E PART I DEATH WAS	nter anly and CAUSED BY: MEDIATE CAU		ar (a), (b), c		ron	ary	Occ.	lusi	on		BETW	PROXIMATE I FEN ONSET	AND DEATH
		Canditians, if any, gave rise ta imm		DUE TO, OR A	AS A CONS	EQUENCE C		ronai	ry (Scle	rosis				
		cause (a) stating the lying cause last.		DUE TO, OR A	AS A CONSI	EQUENCE C	F								
	NO	PART 2 OTHER SIGNIFICANT CON	NOITIONS CONTRIB		UT NOT RELATE	TO THE TERMI	NAL OISEASE	OR CONOITIO	N GIVEN IN PA	ART 1 (a).					PAS .
	IFICATI	19a. DATE OF OPERATIO	Ν	19b. CONDITI	ON FOR W	HICH OPERA	ATION W	AS PERFOR	MED?	7-6		141		UTOPSY?	NO 🗆
	MEDICAL CERTIFICATION	210. EXTERNAL CAUSE V UNDERLYING OR CONTRIBUTING CAU		21b. TIME OF HOUR A.M. P.M.		AY YEAR	21c. HC	OW INJURY	OCCURRI	ED (ENTERN	ATURE OF INJURY IN	ITEM 18 PART 1		13 EJ	NO []
	MEDI	21d. Injury occurred while hot wh at work at work	ILE 🗆	21e. PLACE O STREET, FACTO	F INJURY DRY, FARM, ETC.	(AT HOME,		CATION			CITY OR TOWN		COUNTY		STATE
		22a. I certify that I taa death resulted fram: ACTUAL	k charge of the	N.P	ribed abave Accident		Autaps	Hamie	Inspection in the Inspection i		Inquiry T	<u> </u>	my apinian	-11-7	70
100		SIGNATURI	r. Ben	edict S				ADDRESS_			cal examiner berland	S	GIGNED	-11-1	7
	(SP	RIAL CREMATION, REMO ECIFY) Burial		3-79		ME OF CEM		tery		CITY C	CATION Prown 1d town,	Alle	county gany,	Md.	TE
2.	24. FU	NERAL DIRECTOR NAME James F	. Scar	pelli.	Cumbe	rland	. Ma			REC'D. BY	REGISTRAR 25	b. REGISTRA	AR'S SIGNATI	JRE Bro	da

and the state of t A CONTRACT C Stronger - Total - Tot 从一种型。现代的主题,但是是一个 TEX-IX-LEADING IN and a medianty of the country of the Jeson P. Land Common Common St.

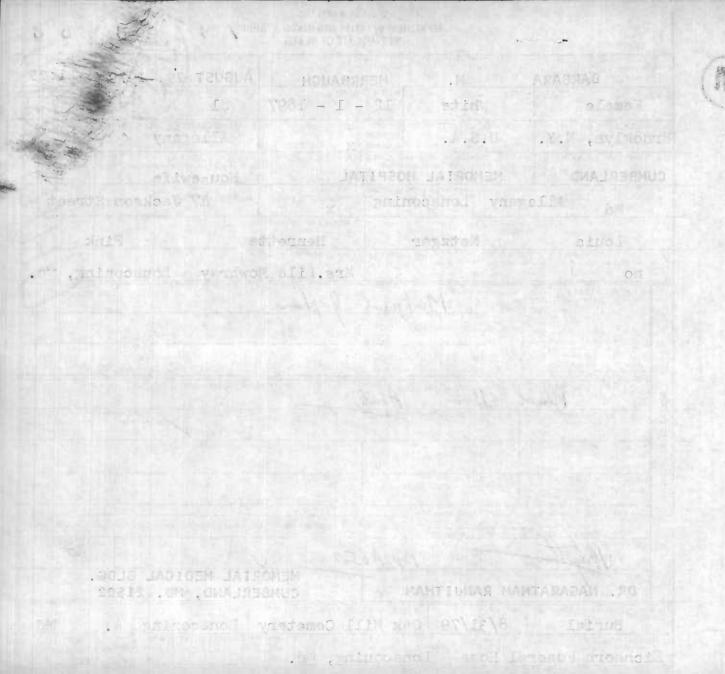
3	1						MARYLAND					
	1	FOR - STATE						NTAL HYGIE ATE OF DE	Au 9	18	56	7
	1	REGISTRAR DECEASED NA	MF FIRST	74121	MIDDLE	AMIINER 3	LAST	ATE OF DE	REG. N		DAY YEAR	Zb. HOUI
		TYPE OR PRINT)	Jan	es Merri	77 (M.	Millan)	McMilla	an	OF ESTI-	8-29-	79, 10	
TRESTOIN STREET,	3.	SEX	4. RACE	5. DATE OF BIRTH	6. A	GE (IN YEARS IF I		FUNDER 24 HRS	. 2c. DATE			2d HOU
		Male	White	04-22-37		AST BIRTHDAY) MO	THS DAYS	HOURS MIN	PRONOUNCED DEAD	8-29-7	79 10 10	:001
2	17	BIRTHPLACE FOREIGN COUNTR	(STATE OR	76. CITIZEN OF WI		1	RIED & NEVE	R MARRIED [9. BALTIMORE CITY	OR COUNTY	OF DEATH	
20	2	Maryl		USA				DIVORCED	Allegany	y		M
	1	CITY OR TOW		11. NAME OF HOS	PITAL, NURSIN	G HOME, OR O	THER INSTITUTE	ON 128 U	SUAL OCCUPATION (TYPER MOST OF WORKING LIFE)		OR INDUSTRY	Υ
y de	ď.,	Cumberla		Memoria			DOA	Me	echanic	\$e	elf Empl	Loyed
12		SUAL RESIDENCE STATE Mary la		e or other institution, GI INTY .egany	13c. CITY OR Cumber	TOWN	134. INSIDE CITY		reet address 13 putman St	treet		
		FATHER'S NA		WEDIS .				S MAIDEN NAM	AE		LAST	
1		FIRST	William	T. McMill	an LAST		FIRS	Virgini	ia Cornelius	3	LASI	
+	10	WAS DECEA	SED EVER IN U.S. A	ARMED FORCES?	16b. SOCIAL	SECURITY NO.	17. INFORMA		ADDRES:			e de contra
1		n					Mrs.	Fidiles	Mc Millan,	Cumber	-	
		18 CAUSE	OF DEATH (Enter	only one cause per line	far (o), (b), on	d (c).)	Camona	Min and	ambanin 7 of	0.1	APPROXIMATE I	
		1/1		IATE CAUSE (a)			Corona:	ry Inre	ombosis, lef	U	Sudder	1
NEW CV AL.		Sond.	ians, if any, whi		AS A CONSEC	UENCE OF	Coron	amr Sol	lerosis	ALC: UNK		
		gove	rise to immedia (a) stoting the und	ite (b)	15 1 501 1050		001011	ary bea	1610919			
K			ause last.	BUE TO, OR	AS A CONSEG	UENCE OF						
		PART 2 OTNE	SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH	BUT NOT PELATED T	O THE TERMINAL DISE	ASE OR CONDITION O	CIVEN IN PART 1 (a)				
									or and anter	rior		
	1	19a. DATE	OF OPERATION	196 CONDI	TION FOR WHI	CH OPERATION	WAS PERFORM	ED?	or and amoun	101	20. AUTOPSY?	
1	4	¥								100	YES ZX	NO 🗆
			NAL CAUSE WAS	21b. TIME OF	INJURY	Y YEAR 21c.	HOW INJURY O	CCURRED (ENTE	ER NATURE OF INJURY IN ITEM 18	B PART 1 OR PART 2	.)	
-	2	CONTRIBL	ITING CAUSE C	F DEATH P.M		19						,
	4	M.	Y OCCURRED		OF INJURY (A	THOME, 211. I	OCATION STREET		CITY OR TOWN	COUNT	Υ	STATE
		AT WORK	NOT WHILE	<u> </u>								
		22 a. 1 ce		orge of the remains de	cribed abave, l	ield on Aut	opsy 🔀 ;	Inspection X	C Inquiry XX o	nd in my apini	an	
Z		death res	ulted from: No	turol couses	Accident	, Suicide L	Homicid	de 💹 ! Und	letermined manner			
ARI		ACTUAL	R	1 + 10	-	11,	TITLE (SPE			DATE	9 00 5	20
E E		SIGNATI	Dened	KIKK	lares	w	M.D. Depu	ME ME	EDICAL EXAMINER	DATE SIGNED.	8-29-7	9
BALTIMORE, MARYLAND, 21	4	EXAMINER	SNAME BE	nedict Ski	tarelic	. M.D.	ADDRESS	R#9.Cun	mberland, Ma	he Ivre	21502	
2	7	(TYPE OR F	MATION, REMOVA			E OF CEMETERY			LOCATION			
			ial	Sept.1,19		Marys (CI	Cumberland.	△11eg		TE
,	2	4. FUNERAL DIF					25	SEP1		SIRA SSIG	mer tread	hy
5))		Scarpe.	lli, Cun	berland, T	laryland	21502		art 1	1 8 1010	1		

Colored Colored	
No. 23-5-5	of the firms of the company
	2 - 22 - 11 - 44
	Telegraphic Control of the Control o
Mark same	
entre de como pareceptor	
arbon of the second)
and the second second second	
	ottorn with a formound will be will be for
program and the state of the state of	
Sign Contract, with the contract	.a. chies with the
. B. Tes Billie, in the things	ominates, lamounisma, usi essi 11502
8(6) 3 16) 8	Control 14, Carrier of West Carrier Control

injury, ar ather traumatic event, the medical exa

IMPORTANT: If Item 21 is marked ar Item 18 shaws any

					STAT	E OF MARYLAND				
1.	FOR STATE			DE		IEALTH AND MENTAL HYC	GIENE 7 9		8 5	68
1 DE	REGISTRAR CEASED NAME	FIRST		MIDDLE		AST	In DATE OF D	REG. NO.	200	
	OR PRINT)			· III			20. DATE OF D		DAY YEAR	26 HOUR A 1:25
3. SE		BARA	4 RACE	М.	ME S DATE O	RRBAUGH	6. AGE (IN YEAR		979 IF UNDER LYEA	M
	Female			nite	1/2		81	YRS	MONTHS DAY	
	RTHPLACE ISTATE OR FOR		U.	S.A.	MARRIE WIDOWE	D NEVER MARRIED D		egany	TY OF DEATH	MD.
	JMBERLAND	н	(IF NOT IN SUC	H FACILITY, GIVI	NURSING HOME C E STREET ADDRESS) L HOSPI	TAL		CUPATION REMOST OF WORKING	12b. KIND INDUSTR	OF BUSINESS OR
USU, 13a S	AL RESIDENCE (IF NURSING TATE	A POPIN	gany		Coming	13d. INSIDE CITY LIMITS? YES X NO		7 SJack	son St	reet
14. FA	THER'S NAME FIRST Louis	~	NDOLE	Metzg		15. MOTHER'S MAIDEN NA FIRST Henret	A	AIDDLE	Fink	LAST
	VAS DECEASED EVER IN				L SECURITY NO.	17 INFORMANT		ADDRESS		
,	no	(IF 1E3, 01VE	WAR OR DATES!	444		Mrs.Lila N	Mowbray	Lona	aconin	g. Md.
ATION	Conditions, if ony, gove rise to imme couse (0), stating underlying couse	which ediote the lost	DUE TO, O (c) ONDITIONS CO LETTIONS CO ON PATTIONS CO ON	R AS A CON	, Asai	NOT RELATED TO THE TERM	MINAL DISEASE C	Y? 296. IF Y	YES, WERE FIND	DINGS USED
IIFIC							YES 🗆 N	IN CER	TIFYING CAUSE	ES OF DEATH?
MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRE WHILE NOT WHIL AT WORK AT WORK	EXAMINER)	P. 21e PLACE	M. MONT M. OF INJURY	H DAY YEAR 19 OFFICE, FARM, ETC.)	216. HOW INJURY OCCUR		E OF INJURY IN ITEM 11	8, PART 1 OR PART 2) COUNTY	STATE
	22a. I certify that (h) (t saw the deceased above, (l) (we) (dia 22b. SIGNA)	olive on		1500	_19, or	nd that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN D	death accurred a	STAFF	our and from th	that (I) (we) lost the couses stated
	DR. NAG		NAM RA	NJITI		ADDRESS MEMO	RIAL MI ERLAND	EDICAL, MD. 2	BLDG. 21502	
23a. E	BURIAL, CREMATION, RI Burial	EMOVAL	236. DATE 8/3.	1/79		emetery or crematory 11 Cemetery	23d. LOCATH	coning	COUNTY A	STATE Md
	UNERAL DIRECTOR	-115		ADDR	ESS	1 01		ISTRAR 256. REGI	ISTRAR'S SIGN	ATURE
E	ichhorn F	uner	al Hor	ne	Lonacor	ning. Md			1000	



STICOX-MERRITT FUNERAL HOME CUMBERLAND MD.

(VR A 15 (4))

URBER 28, 1979 18:10	AL ROLLEY	ST TO	4	
	1150 11 00		Verial 1	TIME
THE THE			ABU	CHATCHAY
man anny dissistant dans (MM) (MM).	117	1920E JA	10/18/1	CHAISBAND:
Saven Souther S		GHAISCE	neral man	SIZA LONATVIAN
	ALUG	SICPI	0	7 · T,
HORRAND ST. CHESTARTS HE		e > ; !! c.	-152	
	Serval V.			
	Serval V.			
	Serval V.			

	1						MARYLAND				
_	1-	FOR STATE					H AND MENTAL H CERTIFICATE O	1 13		8 5 7	0
(RA)	I. DE	CEASED NAME	FIRST	WEI	MIDDLE	IVER 3	LAST		REG. NO.	MONTH DAY YEAR	Zb. HOUR
(BEEGE		PE OR PRINT)	100				161.7	OF	ESTI-		ZB. HOOK
188	3. SE.	X . [4 RA	Nell	ie 5. DATE OF BIRTH	Lucille 6. AGE (IN	YEARS IF I	Miles NDER 1 YR. IF UNDER		MATEU	8 15 19 79	2d HOUR
124 五年	130			MONTH DAY	YEAR LAST BIRTI	HOM (YAO		MIN. PRONOUN	ICED	0 35 50	6 p _M
CESSARY, VERAL DIR. YOUR YOUR YOUR YOUR YOUR YOUR YOUR YOUR	7n R	INTHIN ACE (STATE OF	nite	Oet 9 7b. CITIZEN OF WH	1903 75	La		9 BAITIM		8 15 1979 COUNTY OF DEATH	M M
NECESSARY, FUNERAL DIR 5 FOR YOU! W. WITHIN 72	o FC	OREIGN COUNTRY)					RIED NEVER MARRI	ED U			
- ZD 5		aryland ITY OR TOWN OF DE	FATH	U.S.	PITAL, NURSING HO	WIDO		12a. USUAL OCCUP	ATION (TYPE OF	Allegany	JSINESS
CATE FOR SON WAS NOT BE FRED.	1			(IF NOT IN SUCH FA	CILITY, GIVE STREET ADDRESS	5)	TER HOTTOTION	FOR MOST OF WORK	KING LIFE)	OR INDUST	RY
		nberland	URSING HOME OF		Wling Str			Houseke	eper -		
IF ANY DEL		TATE	136 COUNT		Cumberl		13d. INSIDE CITY LIMITS?	13e. STREET ADDRE		Maria Sana	C
SH SH		aryland ATHER'S NAME	NITTE	gany	1 Competition	AMU	YES NO 15. MOTHER'S MAIDE		WILING S	t- Bowling	Green
BALTIMORE, MD. 2) RS AFTER DEATH. IF COVE PAGES 1, 2, WITH FORM PM 3. WITH FORM PM 2 SP PAGES 1 AND 2 SP POVISION OF VITALE		FIRST		MIDOLE	LAST		FIRST	AA	IDDLE	LAST	
FTER DE FORM FORM ON OF		Michael WAS DECEASED EVE			Twig	ITY NO.	Nora 17. INFORMANT		ADDRESS	Ura	btree
URS AFTER DE B. GIVE PAGE WITH FORM PAGES 1 AF DIVISION OF		ES. NO, OR UNKNOWN)	(IF YES, GIVE W		215-20-6		Ch and day	T Miller	12412	Bowling S	U -B GI
URS AFTE 3. GIVE P WITH FC PAGES DIVISION	H	NO 18 CAUSE OF DEA	TH (Enter only	v one cause per line	for (a), (b), and (c).)	27/	Sheridan	L. Milles	Cumbe	erland, Md	E INTERVAL
24 HOU ITEM 18. IONG V PERMIT. SIENE, D	1	PART I DEATH	WAS CAUSED	BY	tor (a), (b), and (c).)	Co	ronari Occ	lusion		Sudde	T AND DEATH
N 24 HO HIEM 18 ALONG T PERMIT YGIENE,		411-	IMMEDIATI	E CAUSE (a) / DUE TO, OR	AS A CONSEQUENC		TOMBLY OUT	Tab Ion		Duduo	
PRESTON ST WITHIN 24 HC CII, IN ITEM I INER ALONG IANSIT PERMI TAL HYGIENE, MOVAL.		Conditions, if					Coronary S	clerosis			
> > Z < ~ 5 S		gove (ise to	ng the <u>under-</u>	DUE TO, OR	AS A CONSEQUENC	E OF					
XECUTED WITHIN G". IN PENCIL IN 18 CAL EXAMINER AL BURLTRANSIT BAND MENTAL HANDIT AND NON, OR REMOVAL.	-	lying cause las	it,	(6)						10.00	
EXECUTED UG" IN PEI ICAL EXAMINATION OR RIVER		PART 2 OTHER SIGNIFICA	ANT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL OISE	SE OR CONDITION GIVEN IN PA	RT 1 (o).			
AED AED AAT	NO NO										
CHIEF A CHIEF A CHIEF A CHIEF A OF HEA	N S	190. DATE OF OPER	RATION	19b. CONDIT	ION FOR WHICH OP	ERATION	WAS PERFORMED?			20. AUTOPSY	?
CHOCEDS	CERTIFICATION	C 92 X								YES 🗆	XXXON
		210 EXTERNAL CA		21b. TIME OF HOUR A.M	MONTH DAY YE		OW INJURY OCCURRE	D (ENTER NATURE OF INJ	URY IN ITEM 18 PAR	RT 1 OR PART 2)	
ARTA TOUR	CAL	CONTRIBUTING	CAUSE OF D	EATH P.M	. 19						
3 SF	MEDICAL	21d. INJURY OCCU	RRED		OF INJURY (AT HOME, ORY, FARM, ETC.)	211 Lo	OCATION STREET	CITY OR TO	WN	COUNTY	STATE
ATE 201 P	1	WHILE NO	WORK								
ATE, VORWORK PARE PARE ST, 212		r		af the remains des	cribed abave, held an	Auta	psy , Inspection	n X, Inquiry	ond i	in my opinion	
EXAMINER: CERTIFICATE, ULD BE FOR DIRECTOR: WITH THE S AARYLAND, 23		death resulted fra	_	ol coures X,		Suicide [, Hamicide	Undetermined mo			
CERTIE CERTIE ULD B DIREC		1	0	1	81	1	TITLE (SPECIFY)				
A A L D U C A L L L L L L L L L L L L L L L L L L	1	ACTUAL SIGNATURE	Jene	dectx	Kilaril	rel.	Deputy	MEDICAL EXAM	INER	DATE SIGNED 8-15-	79
NER THE		EVAMINED'S MAN	-				21/2				
D W THE TOWN		(TYPE OR PRINT)	Bene	edict Ski	tarelic, M	.D.	ADDRESS R#9,		, Mary.	Land 21502	
PAF BAF	23a. B	URIAL, CREMATION				EMETERY	OR CREMATORY	23d. LOCATION		COUNTY S	TATE
	L	Burial		Aug 18/79	Zion Me	emori	al Park	Cumberl		egany Mary	Land
		NAME		ADDRESS			ur st		R 256. REGISTI	RAR'S SIGNATURE	sada
	3:	ileox- Mer	ritt F	uneral Se	rvice.Cum	perla	nd,Md	nug ~ 0 13	10	/	1
TO MEDICAL THE CE EXECUTE THE CE EXECUTE THE CE EXECUTE THE CE PAGE 4 SHOULD TO FUNERAL DI AFTER DEATH, W AFTER DEATH W AFTER	24. F	EXAMINER'S NAM (TYPE OR PRINT) URIAL CREMATION SPECIFY) Burial UNERAL DIRECTOR NAME	REMOVAL 23	Aug 18/79	Zion Me	emetery emori	ADDRESS R#9,0 DR CREMATORY Al Park ur St 250. DATE	23d. LOCATION CITY OF TOWN	and All	land 21502	TATE



notation motalie Copp. 2 double 5126 U 13105 note to the state of the state los 'o' L Tristil 12/12 3-11/10 8.-21,-20-397 deriten . 113 - 00-129 runni colus n 200 20 20 2131646 PRESENTED TO THE PROPERTY OF T trains paralle practice of the property of the / C eca vr

cor err a varie ervice. 1 erien,

	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL I	REG. NO.	8 5 7 1
M)	1 DE	CEASED NAME FIRST EOR PRINT) WIL	Lian Edward	Miller	20. DATE OF DEATH MONTH August 15	1979 6:15
-	3 SE	Х	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR
010		Male	Caucasian	09-22-04	74 YRS	
un 72 ho	į	IRTHPLACE ISTATE OR FOREIGN OUNTRY) J S A (W. Va.	75 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED		Y OF DEATH
by the fulled with		ity or town of DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Lions Manor N		128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L. W. M. RR	12b. KIND OF BUSINESS C INDUSTRY Shop Forema
filled in nould be franchist be	130	STATE 136 CO	or other institution, give residence before UNTY 13c. CITY OR TOY Cumber	WN 134 INSIDE CITY LIMITS	? 13. STREET ADDRESS 418 Grand Ave	
within within	14. F.	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN	MIDDLE	LAST
E 6 8			Henry Mille	r Eliza	Mae S	trickler
Poges I		WAS DECEASED EVER IN U.S. / YES, NO OR UNKNOWN) (IF YES, G NO.	IVE WAR OR DATES)		office - Lions Ma e ext., Cumberla	
the deoth certificate the attending physici remote carbon paper remation, ar removal.		PART I. DEATH WAS CAU	only one couse per line for (o), (b), o SED BY: ATE CAUSE (o) DUE TO, OR AS A CONSED (b) DUE TO, OR AS A CONSED	TE Asual Jus	lura Esufficiency	BETWEEN ONSET AND DEAD BOUNT LYD
N.Y. The low requires that hystician. It crote has been signed by constit permit. Then please Hygiene prior to buriol, cr. 18 shows any injury, or oth	CERTIFICATION		195 CONDITION FOR WHICE	HOPERATION WAS PERFORMED	JIN CERT	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \(\) NO \(\)
PHYSKIA this certif the buriol:1 nd Mentol	MEDICAL C	OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE AT WORK AT WORK	DEATH HOUR A.M. MONTH	DAY YEAR 19	CITY OR TOWN	COUNTY STATE
ATTENDIN the hospital or a DIRECTOR. Attached for use or ched for use or Dept of Health them 21 is more			potal) ottended the deceased from 19 not) view the body after death.	DEGREE ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	, 19 79, that (I) (we) ur and from the causes stated 22c. DATE SIGNED 8 16 79
O HOSPITAL etoined by the TO FUNERAL should be deto with the State I MPORTANT: If		John A. Top	per, M.D.	155		
BP		BURIAL, CREMATION, REMOVA (SPECIFY) Burial		name of cemetery or cremator iterprise 1.0.0.F.	Cen. Enterprise.	Marion, W. Va.
DHMH-16 20M (VRA 15, 4) 7/78	24. F	UNERAL DIRECTOR H. Wayne Geon	ge, 202 Greene St	Cumb Md AU	G 2 2 1979	TRANSIGNATURE

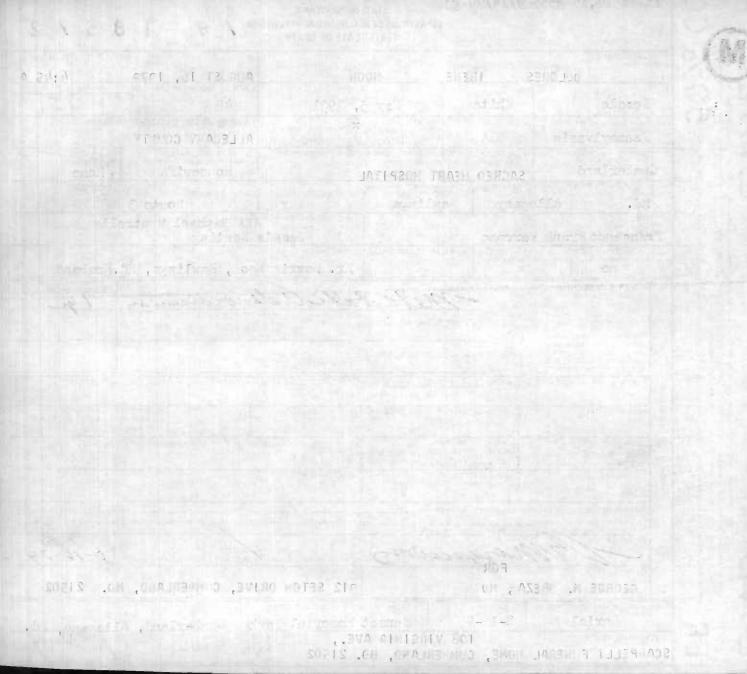
at and notice on all and the type of and the type of type of the t

, nu 18 1 1 1 1 1 1 1

. . H (Help) . min.

(10)	1.	FOR STATE REGISTRAR			DEP		EALTH AND MENT ICATE OF DEAT		NE 7	REG. NO.	.1 8	3 5	7 2
IMI)		CEASED NAME	FIRST		MIDDLE	i	AST	2	a. DATE OF C		ONTH DA	Y YEAR	2b HOUR
	(,,,,,	OK PRINT)	DOLORES	11	RENE	МО	ON		AUGUST	16.	1979		4:45 AM
ade a	3. SE	x Female		RACE White		S. DATE C	F BIRTH		AGE (IN YEAR			ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
Por to to	7a B	RTHPLACE (STATE	OR FOREIGN 7	CITIZEN OF	WHAT COUNT	RY2 8	NEVER MARR	9	BALTIMORI	E CITY OR		OF DEATH	
\$5 \$7 F		Pennsylv	ania	USA		WIDOWE			ALLEGA	NY CO	UNTY		АГ
the state of		ty or town of umberlan		(IF NOT IN SUC	H FACILITY, GIVE S	RSING HOME C	R OTHER INSTITUT		TYPE OF WORK F		WORKING LIFE!	126, KIND C INDUSTRY Home	OF BUSINESS OR
to poly	USU.	AL RESIDENCE (IF	NURSING HOME OR O	THER INSTITUTION,		BEFORE ADMISSION)	13d INSIDE CITY LI	IMITS?	e STREET AC	DDRESS	ute 3	1101110	
plensky may 2 year		ATHER'S NAME FIRST	MI	IDDLE	LAST	-1100	15 MOTHER'S MAI	IDEN NAME	KA Rapi Keatir	bael		ella LAS	a a
8 1	_	VAS DECEASED E			16b SOCIALS	ECURITY NO.	17 INFORMANT	essie	wes ell	ADDRES	S		
Page F medic	(YES, NO OR UNKNOWN) (IF YES, GIVE V	VAR OR DATES			Mr. Mor	ris Mo	on, Ra	wling	gs, Md		and
by the attending physics remove corbon po i, cemarkan, or remov other traumatic event		Conditions, if gove rise to couse (a), st underlying co	immediate oting the	DUE TO, OI	R AS A CONSE		aticl	Zde	noca	ercis	um	1	yr_
n signed Then plicated to be a control of the contr	NO	PART 2. OTHER S	IGNIFICANT CO	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO T	THE TERMIN	AL DISEASE	OR CONDI	TION GIVEN	N IN PART 10	יי
t permit.	CERTIFICATION	19a. DATE OF OPE	RATION	196 CONDI	TION FOR WH	HICH OPERATION	N WAS PERFORMED	D	20a AUTOP	NO 🗆	20b. IF YES, YES IN CERTIFY!	WERE FINDING CAUSES	OF DEATH?
riol-tronsi entol Hygi tem 18 sh		21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY M	CAUSE OF DEATH	2 lb. TIME O HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY	OCCURRED	ENTER NATU	RE OF INJURY	IN ITEM 18, PAR	T I OR PART 2)	
s the bu	MEDICAL	21d. INJURY OCC	OT WHILE T	21e PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OF	FICE, FARM, ETC.)	21f LOCATION STREET		c	ITY OR TOWN		COUNTY	STATE
for use of Health		220.1 certify that saw the dec abave, (1) (w	t (I) (this hospito eosed alive an e) (did) (did_nat)				d that in (my) (our)		to	on the dot			that (1) (we) last causes stated
by the hospital RAL DIRECTOR detached for u detached for u thate Dept of H into the m 21 is		22b. SIGNATURE	1200	naza	nous		PHYS	NDING &	MEDICAL DIRECTOR	STAFF PHYSICIA	и []	\$-1	SIGNED
TO FUNERA should be de with the Stot			M. BREZ	A, MD			912 SETO				AND,	MD. 2	1502
P	23a (BURIAL, CREMATIC SPECIFY Buri		23b. DATE 8-18-			Memoria		23d. LOCAT CITY OR T	own own		OUNTY	STATE Md.
- 16 50M7/77 R A 15 (4))		ARPELLI				RGINIA A		AU AU	G 20 PYRE				Budy

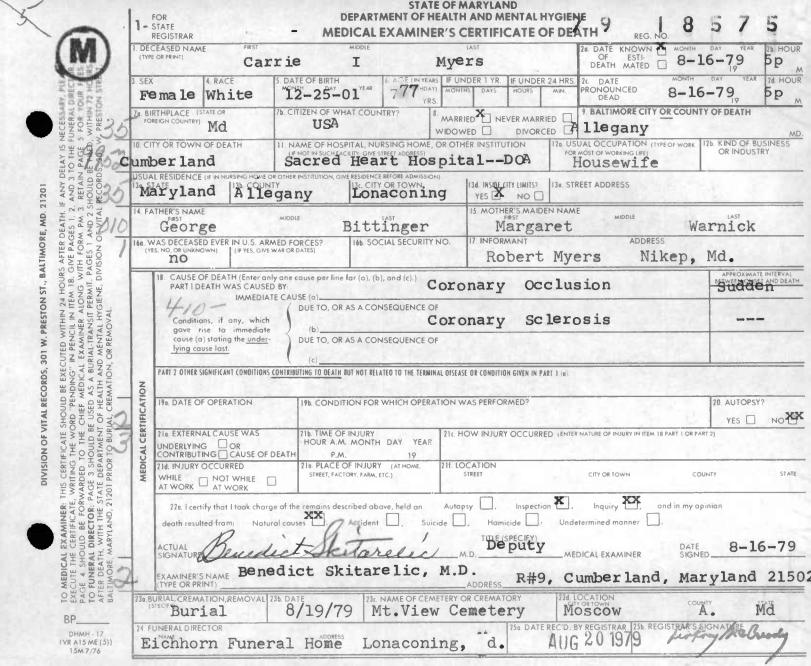
1 tems 14,15 g535 9/14/79 gJ



FOR			EPARTMENT OF H	EALTH AND MENTAL	HYGIENE		
T- STAT	TRAR	MED	DICAL EXAMINE	R'S CERTIFICATE	OF DEATH Y	EG. NO.	5/3
1. DECE AS	D NAME FIRST		MIDDLE	LAST	20. DATE KNOV	EG. NO. WN 13 MONTH 1- 8-22	DAY YEAR 26 HOU
(TYPE OR P	Caro	ole Loui	Lse Mor	ral	DEATH MATE	ED 0-22	-19 11:15a
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (IN YEAR)	MONTHS DAYS HOURS	ER 24 HRS. 2c. DATE MIN. PRONOUNCED	8-22-	DAY YEAR 24. HOUR
Femal		7-8-41	38 YRS		DEAD		19 N
FOREIGN	ACE (STATE OR	76 CITIZEN OF WH		MARRIED X NEVER MAI	RRIED 🔲	CITY OR COUNTY	OF DEATH
	nna	UBA		WIDOWED DIVO			JM.
41	rland, Maryl	il. Name of Hose (IF NOT IN SUCH FAC and Memor	PITAL, NURSING HOME, CIUTY, GIVE STREET ADDRESS)	1	12a. USUAL OCCUPATION FOR MOST OF WORKING LIN		OR INDUSTRY
130. STATE Per	IDENCE (IF IN NURSINGMOME 1136 COUL 1136 COUL		13c. CITY OR TOWN Everett	13d INSIDE CITY LIMITS? YES NO 1			
# FATHE	'S NAME		LAST	15. MOTHER'S MA			BAST
1	John W. Cr	onemiller	LAST	I	della Mason C	ronemille	er
16a. WAS I	ECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECURITY	NO. IT INFORMANT	AD	DRESS	
n		t tran Un Unital	179-32-792	Mr. Thom	nas Morral		
18.	CAUSE OF DEATH (Enter of	only one couse per line ED BY:		erebral Hemon	napoco		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
6	IMMEDIA	ATE CAUSE (o)	AS A CONSEQUENCE OF		rmage		36 days
178	Conditions, if ony, which	h Co	intusions of	brain, Skul	ll Fracture		36 days
	gave rise to immediate couse (a) stating the under	te / (b)	AS A CONSEQUENCE OF				
144	lying cause last.	(0)		2 car collisi	ion)		36 days
PART	2 OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH 8		AL DISEASE OR CONDITION GIVEN IN			20 000
NO							
N 19a.	DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPERA	TION WAS PERFORMED?			20. AUTOPSY?
Ě							YES YES NO
	EXTERNAL CAUSE WAS	216. TIME OF	MONTH DAY YEAR		RED (ENTER NATURE OF INJURY IN		2)
S co	ITRIBUTING 🗌 CAUSE OF	P.M.	7-16-799		two car colli	ision	
21d.	ILE NOT WHILE		OF INJURY (AT HOME, ORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUN	
AT	NOT WHILE NORK	SUI	reec	Near Hopewe	ell,		Penna.
V	2a. I certify that I taok cha			Autopsy X, Inspec	tion X, Inquiry X,	and in my opin	nion
7 / de	oth resulted from: Not	ural causes .	Ascident X, Suic	ide . Hamicide .	Undetermined monner	<u></u>	
1/ 1	UAL B	1 +1	4.1.	/ TITLE (SPECIFY)		DATE	9 00 70
	NATURE LIVE	aret XH	Relarele	M.D. Deputy	MEDICAL EXAMINER	SIGNED	8-22-79
EXA (TYF	MINER'S NAME BET	nedict Skit	arelic, M.D	· ADDRESS R#9	Cumberland, N	faryland	
3a, BURIA	CREMATION, REMOVAL	and the last of th		ETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNT	Y STATE
Bu	rial	8-25-79	Clearvil	le Union Ceme	etery Monroe	Twp, BEd	fordCo, Pa
NAM	ALDIRECTOR Euneral	Home Adgress	// Everett,	Pa, 15537	ISTRAK 725	J. REGISTRAR'S STO	SNATURE
Cor	ners (Luny)	1 Welle Chel	Va	TOTAL TRANSPORT			

dening made and the Professional Comments of the C noistiffion and o a all govern . MINCO 7 7 7 P1-20-2 Lin Conti , Die Frankring, DUE . I. W. of the said but do him w

ALTERNY GREAT, ALTERNY GREATY, ALTERNY	- NUELST 2014, 1070 10:20	MARTIES HAND	ATTE	- C
ALTERNY ROWNY, COLUMN SERVE HERET HOSPITAL COLUMN STREET COLUMN		don to hove	A. A. A. A.	of etc.
COURTE (FEE FEE OURS) C. ROCK CONTROL STATE (FEE FEE FEE) THEREOF (FEE FEE FEE FEE FEE FEE FEE FEE FEE F	ALLEGRAVACOUTY, THE			
Services Control Constants of the Constant of	6.6	17152 9	THATH CARDAE	
Solvest F. Heritage (Fig. 1) (All to 1) (All				
J. M. MEHAHNAN, W. D. OOOS SETCH ON IVE, CUMBERLAND, NO. 21802	exord .		related)	140 M
J. N. MEMANUA, M. D. 9003 SETON ONIVE, CUMNERLAND, No. 21802	the Parall and the soften	- la fixario.		C.
J. N. MEHAHNA, IN. D. POPS SETON ONIVE, CUMNERLAND, NO. 21502				
J. N. OFFIARINA, IN. D. OGO S SETON ONIVE, CUNRERLAND, NO. 21502				
J. M. DEHANDEN, M. D. GOOR SETEN DAILY, CUMBERLAND, NO. 21502				
J. M. DEHANDEN, M. D. GOOR SETEN DAILY, CUMBERLAND, NO. 21502				





85-31-8) <u>-</u> 1 2010 16 Middle 12-25-01 77 8-18-79 vaccoli i Conficient | Backed Hear's Hospital -- Doing | Bonfication baryland Allegany Lonsconing 2 Coronary Coclusion | Sudden Coronery Scienceis 20-11-3 remedict Skiterelie, M.D. Pas, Cuberland, Maryland 2190

Maria Washington William Control Washington St. 2018

A serious and serial least on the contrast of

		FOR STATE REGISTRAR	1 1 1 1 1 1 1 1 1	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	REG. NO	
" ("IAI)		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	AONTH DAY YEAR 26. HOUR
oy b			NONT VIRGINI		AUGUS	
or, p	3. SE		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS.
irecte iurs o	-	F	W	April 20, 1922	57	YRS.
ol d	_C	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COU	MARRIED NEVER MARRIED		
Pund Co		est Virginia	USA	WIDOWED DIVORCED		EGANY COUNTY, MD.
I with	10. C	TY OR TOWN OF DEATH	II. NAME OF HOSPITAL, N	NURSING HOME OR OTHER INSTITUTION TE STREET ADDRESS!	126. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF	
A File		umberland		HEART HOSPITAL	Cook	Restaurant
filled in hould be	130.3 Ma	AL RESIDENCE (IF NURSING HOME C STATE 13b. COU ryland Alle	INTY 130 CITY O	R TOWN 13d. INSIDE CITY LIMITS Ale YES ▼ NO □	1101 Bradde	ock Road
ampletely and 2 s	14. F/	ATHER'S NAME FIRST	MIDDLE	15. MOTHER'S MAIDEN	NAME	LAST
dwo Comb		Guy Baker		Virgin	ia?	
Poges medica		VAS DECEASED EVER IN U.S. A res, no or unknown) I if yes, gi	RMED FORCES? 166 SOCIA VE WAR OR DATES)	L SECURITY NO. 17 INFORMANT	ADDRES	
S. Poge		No	212 2	4 0855 Walter J.	Nazelrod, Bel	Air, Cumberland, Md
ed by the attending please remove carbo riral, cremation, or re or other traumatic e		Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CON DUE TO, OR AS A CON DUE TO, OR AS A CON (c)	Hypre cen		
en sign t. Then or to bu	TION			IG TO DEATH BUT NOT RELATED TO THE T		
sit permission.	CERTIFICATION	190 DATE OF OPERATION		WHICH OPERATION WAS PERFORMED	YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{ NO } \text{ \text{ NO } \text{ \text{ \text{ NO } } \text{ \text{ NO } \text{ \text{ \text{ NO } } \text{ \text{ NO } \text{ \text{ \text{ NO } } \text{ \text{ NO } \text{ \text{ \text{ NO } } \text{ \text{ NO } \text{ \text{ \text{ NO } } \text{ \text{ NO }
ertificate rad-transitions and the rad-transition in the radius of the r		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI		TH DAY YEAR	CURRED JENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)
ter this of the burner of the	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.) 711. LOCATION STREET	CITY OR TOWN	N COUNTY STATE
RECTOR: Af			0-21	_19, and that in (my) (our) opin	19 , to <u>\$2.31</u> sion death occurred on the dat	te and hour and from the causes stated
AL DI letach ore De T. If h		27b. SIGNATURE	Genle	DEGREE ATTENDINI PHYSICIAI		
TO FUNER should be o with the Srt		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	27e ADDRESS BMG, 912 SE	TON DRIVE, CUM	BERLAND, MD. 21502
F 4 > 5	230.	SURIAL, CREMATION, REMOVA		230 NAME OF CEMETERY OR CREMATO	CITY OF TOWN	COUNTY STATE
		Burial	9/2/79	Rest Tawn Mem. Gard	dens La Vale.	

DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR
NAME
HAFER CHAPEL OF THE HILLS.

LAVALE, MD. 21502

250. DATE REC'D. BY REGISTRAN 250. REGISTRAN'S SIGNATURE
SEP 10 1979 history heckedy

MARK DE INTERNA -A S U Later Tran Tens working for a x x and and the contract total falter investmental and the indicator is raised a case as ses

THE WAY.

BUILDI ST HOLDEN D. SERVI

19212 . (B) . (B)

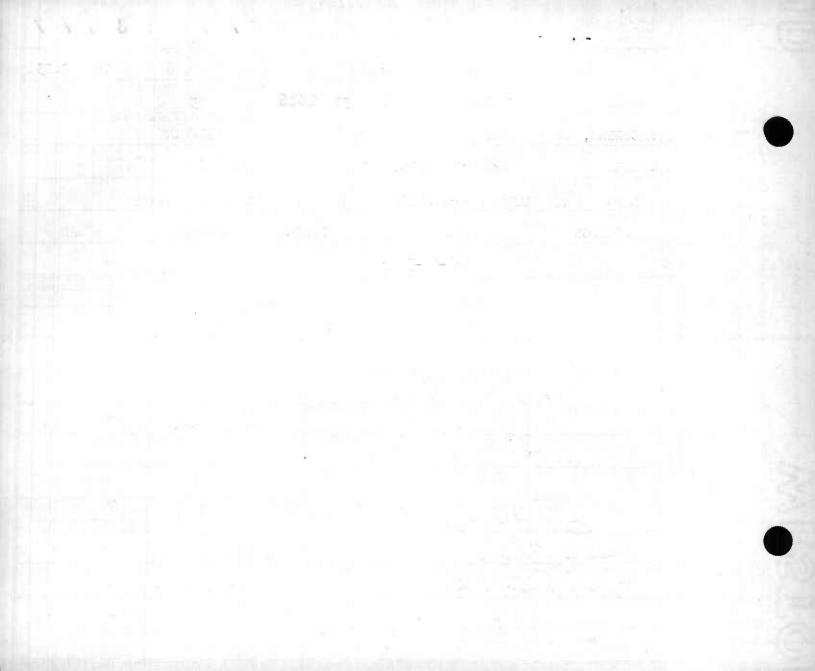
0 1 0 5 1

Missis Marie LIN

Howard to a Color of the ten corders in Sale 120.

117	•
21201	
ARYLAND 2120	
IALTIMORE, MA	
T. B	
, 201 W. PRESTON S	
S, 201 W.	
NVISION OF VITAL RECORDS,	
A OF VITA	
DIVISIO	
	1
	7

٤,	1. DEC	CEASED NAME	FIRST MATON		MIDDLE		LAST TANK		O. MONTH (G TIC		HOUR		
0	3. SEX	,	MARY	A RACE	NES	S. DATE O	LAN	4 AGE (IN YEARS LAST BIR		6 79		2:23		
1	3 367	FEMALE		WHI	PE	MONT		93		MONTHS DA	_			
935	CC	RTHPLACE (STATE DUNTAY)		76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED	9 BALTIMORE CITY OF	R COUNTY	OF DEATH				
notified of		TY OR TOWN OF	DEATH		HOSPITAL, NURSING STREET	IG HOME	OR OTHER INSTITUTION	126 USUAL OCCUPAT TYPE OF WORLED MOST C HOUSEWIFE				ISINESS		
finust be	130. S	AL RESIDENCE (#	136 COU		GIVE RESIDENCE BEFOR	/N	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 18 ISLAND	STREE	et				
ond 2 sh	14. FA	THER'S NAME	ICK	MIDDLE	ROWAN		15. MOTHER'S MAIDEN NA	CONNEL	LY	P	OWAI	N		
medicol	160 W	VAS DECEASED E	VER IN U.S. AF	RMED FORCES?	164-10-		17 INFORMANT	ADDRI	ESS					
poperation of the sent, the		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Congestive Heart Failure										APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
5 0		1////	/1											
of ther troumon		Conditions, if gove rise to cause 101, stunderlying co	immediate ating the	DUE TO, OI	RAS A CONSEOU Atherosc RAS A CONSEOU	leruti	c Coronary A	stery Diseas						
r to buriol, cremotron, or injury, or other troumot	NOI	gove rise to cause 101, st underlying co	immediate ating the luse last.	DUE TO, OI	Athero So RAS A CONSEQUI	ence of	NOT RELATED TO THE TERM			EN IN PAR	Ho			
r permit Then please remove car ene prior to buriol, cremotion, or ows ony injury, or other troumoti	TIFICATION	gove rise to cause 101, st underlying co	immediate ating the ruse last.	DUE TO, OI	Atherosc RASACONSEOU DITRIBUTING TO Lar Dise	ENCE OF			20h IF YES	EN IN PAR	DINGS SES OF E	USED DEATH?		
riol-tronsis permit in the please remove con into I Hygiene prior to buriol, cremotion, or tem 18 shows ony injury, or other troumon!	CAL CERTIFICATION	gove rise to cause 101, si underlying co	immediate adring the loss last. IGNIFICANT PRATION UNDERLYING CAUSE OF DE	DUE TO, OI CONDITIONS CO 19b. CONDI 21b. TIME O HOUR A.	Atherose RASA CONSEQUI DITRIBUTING TO LA DISE ITION FOR WHICH FINJURY M. MONTH D	ENCE OF DEATH BUT ASC OPERATIO	NOT RELATED TO THE TERM	INAL DISEASE OR CON 200 AUTOPSY? YES \(\text{NO} \text{NO} \text{ST}	ZOD IF YES	S, WERE FIN	DINGS SES OF E	DEATH?		
shows	MEDICAL CERTIFICATION	gove rise to cause into a couse into a contributing (if either, notify will in JURY OCC	immediate of ing the luse last. IGNIFICANT Preference RATION UNDERLYING CAUSE OF DE EDICAL EXAMINER	ONDITIONS CONDITIONS C	Atherosco RASA CONSEQUI DITRIBUTING TO JUN DISC ITION FOR WHICH FINJURY M. MONTH D M.	DEATH BUT ASC OPERATION AY YEAR	NOT RELATED TO THE TERM IN WAS PERFORMED	INAL DISEASE OR CON 200 AUTOPSY? YES \(\text{NO} \text{NO} \text{ST}	20b. IF YES IN CERTIF YE	S, WERE FIN	DINGS SES OF E	DEATH?		
shows	CAL	Gove rise to couse into the couse into the couse into the country into the	IMMEDIONE IN WORK	CONDITIONS CO TO FUS CA 19b. CONDI 21b. TIME O HOUR A. 1) 21e PLACE (AT HOME, STR	A THE OS CE R AS A CONSEQUI ONTRIBUTING TO IW DISC ITION FOR WHICH IF INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE, I	DEATH BUT ASC OPERATIO AY YEAR 19 FARM.ETC.)	NOT RELATED TO THE TERM IN WAS PERFORMED	200 AUTOPSY? YES NO PRED (ENTER NATURE OF INJU	ZOB. IF YES IN CERTIF YE RY IN ITEM 18. P	S, WERE FIN YING CAU S DART I OR PART COUNTY	DINGS SES OF E N	STATE		
toched for use os the burioutronsil per group of Health and Mentol Hygiene If hem 21 is marked or hem 18 shows	CAL	GOVE rise to couse 101, 51 underlying couse 101, 51 underlying countries 101, 52 underlying countries 102 and a contribution (IF EITHER, NOTIFY M 21d. INJURY OCCUMULE ATWORK A 220.1 certify the sow the decabove (1). (W)	immediate ading the rouse last. IGNIFICANT PROPERTY IN CAUSE OF DEEDICAL EXAMINER UNDERLY IN ORK IT WHITE TO THE TO THE PROPERTY IN ORK IT WHITE TO THE THE TO T	DUE TO, OI (c) CONDITIONS CO 19b CONDI 21b. TIME O HOUR A.I. P.I. 21e PLACE (AT HOME, STR	A THE OS CE R AS A CONSEQUI ONTRIBUTING TO IW DISC ITION FOR WHICH IF INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE, I	DEATH BUT ASC OPERATIO AY YEAR 19 FARM.ETC) Dec. 79.0	211 LOCATION STREET DEGREE ATTENDING PHYSICIAN (8	200 AUTOPSY? YES NO PRED (ENTER NATURE OF INJU	IDITION GIV 286 IF YES IN CERTIF YE RY IN ITEM 18. P. wn ate and hou	COUNTY 19 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	DINGS SES OF E N	STATE STATE STATE		
shows	MEDICAL	Gove rise to couse into the couse into the couse into the country into the	IMMEDIATE INTERPRETATION INDERLYING LOSS OF DE EDICAL EXAMINER I WORK LOSS OF DE EDI	DUE TO, OI CONDITIONS CO TO FUS CAR 196 CONDI 216. TIME O HOUR A. (AT HOME, STR (AT HOME, STR (AT HOME, STR (AT HOME, STR (AT HOME) (AT HOME, STR	A Thero Sc R AS A CONSEQUI ONTRIBUTING TO IW DISC ITION FOR WHICH FINJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE, I e deceased from 2 19 after death.	DEATH BUT ASC OPERATIO AY YEAR 19 FARM.ETC) Dec. 79.0	211 LOCATION STREET DEGREE ATTENDING PHYSICIAN (120 ADDRESS)	200 AUTOPSY? YES NO PRED (ENTER NATURE OF INJUITED OF TOXIDATE OF	IDITION GIV 286 IF YES IN CERTIF YE RY IN ITEM 18, P	S, WERE FINING CAU S ART 1 OR PART COUNTY 19 27 Ir ond from	DINGS SES OF I N 2) -, that the couse ATE SIGN	STATE STATE STATE		



dical

other t

0

the buriol-transit and Mental Hygie 00

morked or frem

MPORTANT: If hem

should be deta with the State [

FUNERAL

0

DHMH-16 60M 1/73

160 WA

(YES,

WHILE

CERTIFICATION

MEDICAL

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATH

REGISTRAR			CERTIFICA	IE OF DEATH	REG.	NO.	7			
1. DECE ASED NAME (TYPE OR PRINT)	FIRST	MIDDLE	LAST		20. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOU	JR M
	ANGELA	ANN	011	NEAL		Aug	9]	1979	12	14
3. SEX	4. RA	ACE .	5. DATE OF BI	RTH	6. AGE (IN YEARS LAST	BIRTHDAY	IF UND	DER I YEAR	IF UNDER	24 HRS
Female	W	hite	Jan	5 1897		82 YRS	MONIH	S DAYS	HOURS	MIN
To. BIRTHPLACE ISTATE OR	FOREIGN 16 C	ITIZEN OF WHAT COUNT	RY? 8	NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF D	EATH		
Marvland		U.S.A.	WIDOWED				1	lle	gany	M

U.S.A.

- STATE

WIDOWED X NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

17 INFORMANT

12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housekeeper

CmuperTan	la	MEMOR	RIAI. HOSE	TTAT.	
SUAL RESIDENCE (IF					
3a. STATE	13b COUN		13c CITY OR TO	WN	113
Maryland	Alleg	gany	Cumberl	and	
FATHER'S NAME					113

MIDDLE

3d. INSIDE CITY LIMITS?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

LAST

DUE TO, OR AS A CONSEQUENCE OF

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

Rt #3-Bedford Rd NO DO 15. MOTHER'S MAIDEN NAME Catherine

Mrs. Irene Hoover

Borgman Rt #3 Bedford Rd

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

OF DEATH? NO |

STATE

Cumberland. Md

COUNTY

	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166. SOCIAL SECURITY NO
No		None
CAUSE OF DEATH W	H (Enter only one couse per	line for (a), (b), and (c).)

George

ne for (0), (b), and (c).) IMMEDIATE CAUSE (o)

Greise

MIDDLE

ADDRESS

13e. STREET ADDRESS

, , , ,	tc)
couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF
Conditions, if any, which gove rise to immediate	(b) allero

un

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

9a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDS IN CERTIFYING CAUSES YES	NGS USED S OF DEATI
21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCURRED	(ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)	

STREET

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY

22a.1 certify that (1) (this haspital) attended the deceased from

abave, (1) (we) (did) (did not) view the body after death

10 21f. LOCATION

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

	THELEN	
100	DUVERCIANCE MAME	١

1

MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

NOT WHILE AT WORK

saw the deceased alive on

22e ADDRESS

CITY OR TOWN

230 BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY)

23c. NAME OF CEMETERY OR CREMATORY

DEGREE

23d. LOCATION

Peter & Paul Cem Cumberland Allegany Maryland

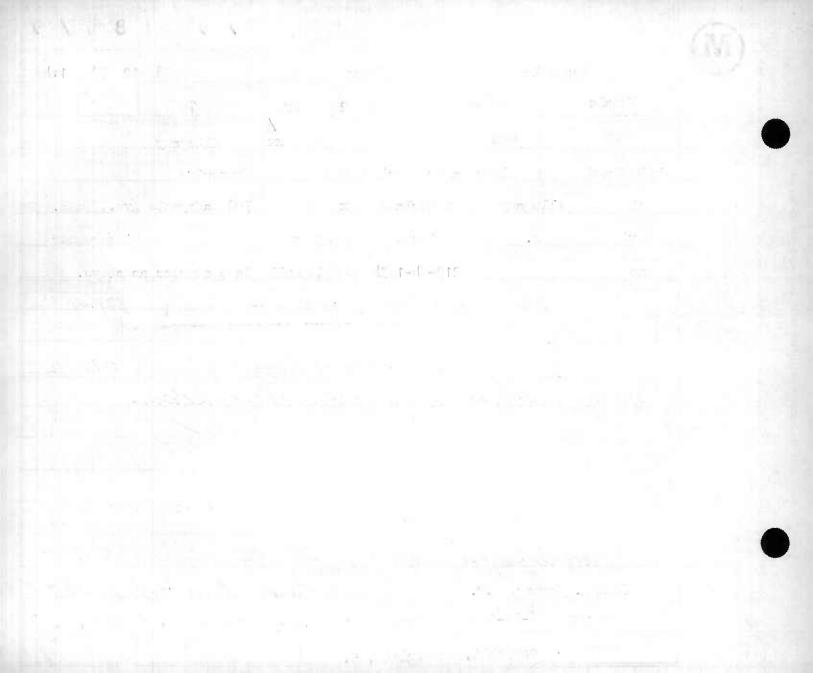
Buria] 24 FUNERAL DIRECTOR

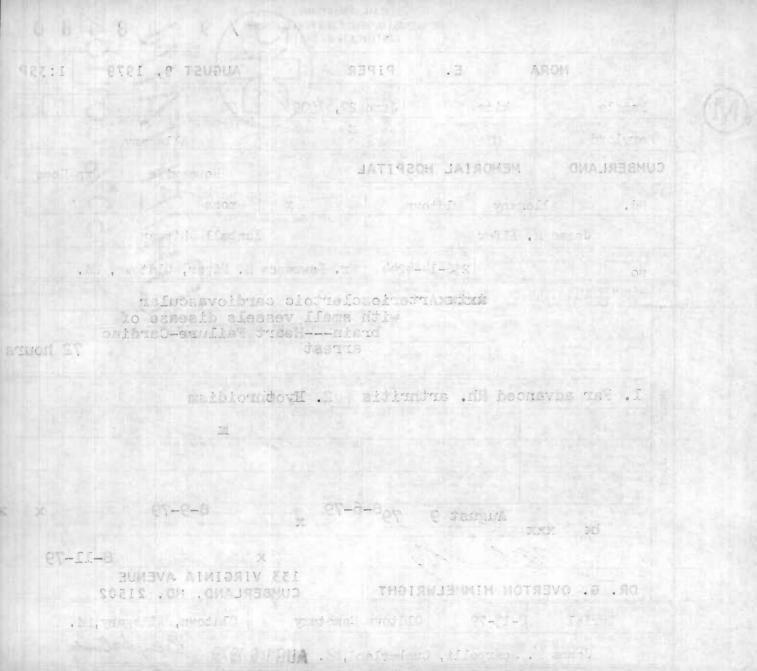
22b. SIGNATURE

404 Becatur St 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S, SIGNATURE Silcox-Merritt Funeral Service. Cumberland,

(VRA 15(4))

3 2 Conficer and britand light for the second managed business 10000 re. ren pover men. nem onsition, appeared to present out on the large wasser. A. To Alivie when the farm ileor- reim with ervice. we gith.



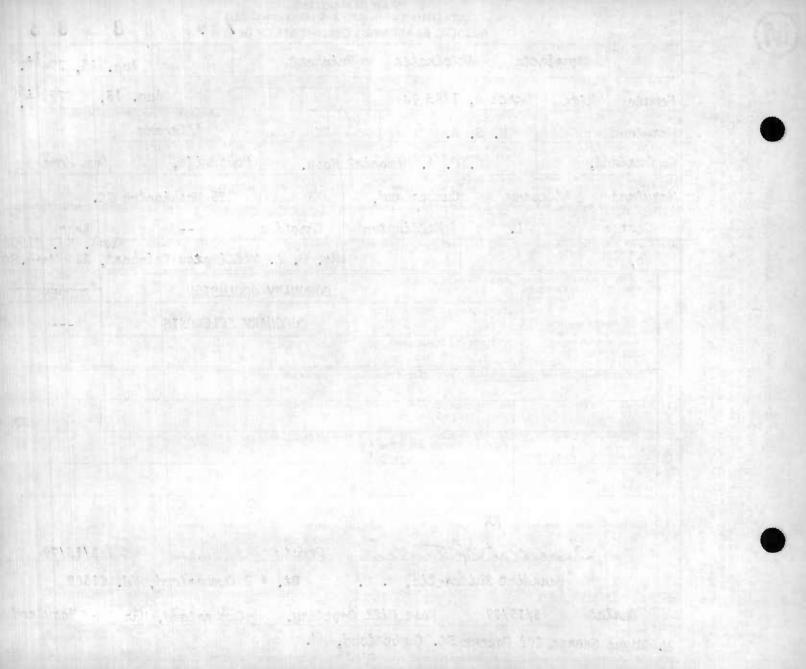


B C & I - Sent the state was a surface to the pilitorii etassi 49 (206) 25 (D) whether the party of the state mind and the street out Administration of Latenard Company The first dans that CO x is now at a country and a harry at and the second of the second o The second secon the control of the co sabn J. Hafer, Jr. Latter, to.

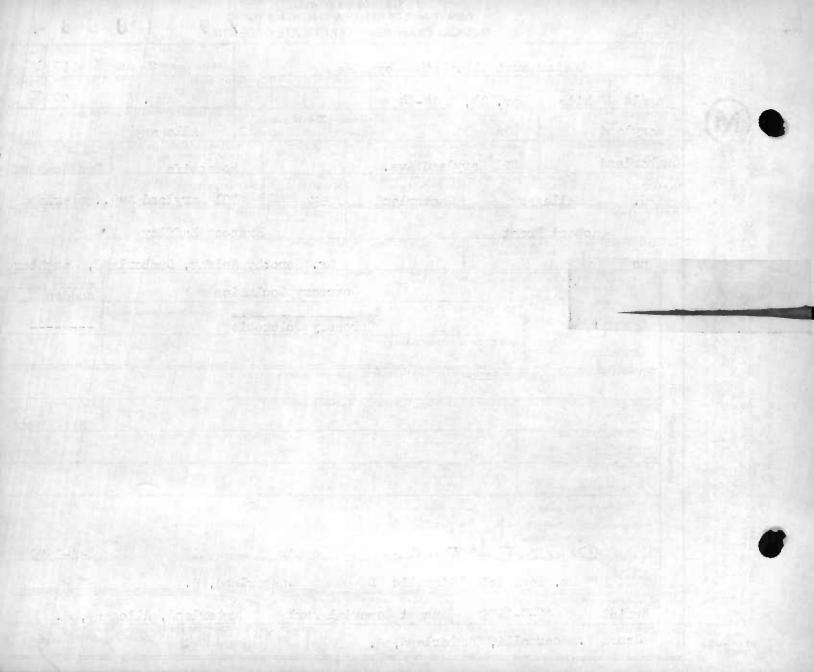


24:0	AUSUST 16.			REER .	HARLES	
		0.35	e i	oJ:		2.0
ुर ह ज री					8,11	oral di
cour ca	Contractor		Lavier			CHA INTRIUD
ro ve	:c :t:\2		basi	Trial Pro	ing of [ia higi-ria
s.i.ul		o! aq) (P	reneri.	r 'c T,
504 100 mm		cing st	4.35	2311-115	at	69 °
sygb .11n	movery Less	lui-sixo	yil Lond	Cerrei		
acsey	oasesi@ y) Diomay			
	reaseaid y			m 19		
27-3	11		- 3° - 1° - 1° - 1° - 1° - 1° - 1° - 1°	e Y− ≎		
	11	TOTT OUT EXT	-85-V			X
			7-28-	e7 - ¢		A OVERTON

					_			MARYLAND						
	1-	FOR STATE REGISTRAR				PEPARTMENT O				Tu 9	EG. NO.	8 5	8	3
		CEASED NAME OR PRINT)		ietta		ntoinette		Reinhart		20 DATE KNOV OF ESTI	NN KI MON		VEAR 79	1 HOUR 130
	3. SE)	male	4. RACE White	S. DATE MONTH Mark	of BIRTH	1885 94		JNDER T YR. IF UN	NDER 24 HRS.	26. DATE PRONOUNCED DEAD	Aug.	TH DAY	YEAR 19 79	1:30
35	70. B	RTHPLACE (STREIGH COUNTRY) ryland	STATE OR	7b. CITI	U. S.	A. COUNTRY?	8. MAI		ORCED	9. BALTIMORE C	gany		EATH	MD.
50	Cu	TY OR TOWN	nd,	(# N	OT IN SUCH FAC	PITAL, NURSING HO	oria	ther institution L Hosp.	HO.	WAL OCCUPATION MOST OF WORKING LIFE	N (TYPE OF WO	Own	HOME	SINESS
35	Ma	ryland	13b CC	Cegany		E RESIDENCE BEFORE ADM 13c. CITY OR TOWN Cumbercar	id,			225 Wash	ington	St.		
11		George	2	WIDDLE		Welling		15. MOTHER'S N	ine	MIDDLE			ear	01500
1	16a. V (Y	VAS DECEASE	D EVER IN U.S. OWN) (IF YES,	ARMED FOR		16b. SOCIAL SECU	RITY NO.	Mr. G.		lington			25 Wa	
		18. CAUSE C PART I D	EATH WAS CA	r only one co USED BY: DIATE CAUS		for (a), (b), ond (c).)		CORONA	RY OCC	LUSION			PROXIMATE VEEN ONSET UDDEN	
AOVAL.			ons, if ony, w	hich	(b)	as a consequenc	E OF	COR	ONARY .	SCLEROSI:	S			
, OR REMOVA	100	couse (couse (couse (couse))	o) stating the <u>un</u> use last.	der-	(c)	as a consequenc	E OF							
CREMATION, OR	NO	PART 2 OTHER S	SIGNIFICANT CONDIT	IONS CONTRIBUT	ING TO DEATH I	UT NOT RELATED TO THE T	RMINAL OIS	ASE OR CONDITION GIVEN	i IN PART 1 (a).		100			
2	CERTIFICATION	19a. DATE O	FOPERATION		19b. CONDIT	ION FOR WHICH OF	ERATION	WAS PERFORMED?					UTOPSY?	NOXX
0137		UNDERLYIN	AL CAUSE WAS G OR ING CAUSE		TIB. TIME OF HOUR A.M. P.M.	MONTH DAY YE	AR 21c.	HOW INJURY OCC	URRED LENTER	NATURE OF INJURY IN	TEM 18 PART 1 C	OR PART 2)		
	MEDICAL	21d INJURY WHILE AT WORK	OCCURRED NOT WHILE AT WORK			OF INJURY (AT HOME ORY, FARM, ETC.)	21f.	OCATION STREET		CITY OR TOWN		COUNTY		STATE
									V'V1	8794				
21201				harge of the lotural couse		cribed above, held an	Suicide [opsy 🔲, Insp Hamicide [ection XX, Unde	Inquiry (X),	and in m	y opinion		
RE, MARYLAND, 21201 PRIOR		22a. I cert	Be	doturol couse	it S	Accident ,	Suicide [Hamicide [TITLE (SPECIF M.D. Deput	Underly) MEI	elermined monner	DA SK	TE 8/		
21201	73a 8	22a. I cert death resul ACTUAL SIGNATURE EXAMINER'S (TYPE OR PR	Be	enedic	et Shi	Acident	Suicide [Hamicide [TITLE (SPECIF M.D. Deput	Unde	elermined monner	DA SK	TE 8/		



										MARYLA								
1		1-	FOR STATE					MENT OF I				HYGIEN	4.9		8	lag	8	4
		1 DE	REGISTRAR CEASED NAM	E FIRST		MEL	MIDDLE	EXAMIN	EK.2	LAST	ICATE	OF DE	AIH	REG. N		-	- 1	
			PE OR PRINT)							LASI			OF	KNOWN [MONTH		YEAR	26. HOUR
	PLEASE RECTOR. R FILES. HOURS STREET,	2 0 0				cet Eli	zabe		ynol					MATED I			19 79	TDM
	PLE RECT HO STR STR	3 SE	X	4. RACE	S. DA	TE OF BIRTH	YEAR	6. AGE (IN YE)	RS IF U	NDER 1 YR	. IF UNDE	R 24 HRS.	PRONOUN	NCED .	HTMOM	DAY	YEAR	24.319UR
	4.00		emale	White		ov. 14,		1-64 YR	S.				DEAD		_		1979	Sp w
	TART	70. B	IRTHPLACE (S	TATE OR	76. CI	TIZEN OF WH	AT COUN	TRY?	MARE	RIED TON	EVER MAR	RIED [ORE CITY	_	TY OF	DEATH	
	PRESENT.		Marylan			USA			WIDON		DIVOR			llega				MD
	AN IS AND AN IS AND AN IS AND AN IS AND AN IS AN	10. C	ITY OR TOWN	OF DEATH		AME OF HOSE			, OR OTI	HER INSTIT	UTION	12a. US	MOST OF WOR	PATION (TYP	E OF WORK		ND OF BUR INDUST	
	20 Bull 6		mberlan			721 Mai	cylan	d Ave.					House				n Hor	
-			AL RESIDENCE	(IF IN NURSING HOA		INSTITUTION, GIVI		OR TOWN	ON)	had insine	CITY LIMITS?		REET ADDRE					
21201	RETA SHOULD		Md.		egan	V		berlan	đ	YES 3				rylan	d Ave	hGu	mber!	land
MD. 2	S 1, 2. PM 3 VD 2 S	14. F.	ATHER'S NAM		MIDDL			LAST		IS. MOTH	HER'S MAI	DENNAM	E	NDDLE			LAST	
	PAGES 1, 2 DRM PM 3 1 AND 2 1 OF VITAL		ringi	Robert	_			rwai			PIKST	Fran		laffle	V		LASI	
BALTIMORE,	FORM OF A CONTRACT OF THE PAGE	16a. \	WAS DECEASE	DEVER IN U.S.		ORCES?	16b. SOC	IAL SECURITY	'NO.	17. INFOR	RMANT		1000 1	ADDRESS				
ŽĮ.	AFT INF ISIO		no	(IF FES. G	IVE WAR OR I	DAIES				Mr.	Doro	thy I	Keifer	c. Cum	herl:	hand	Daus	rhter
BA.	HOURS AFTER DEA M 18. GIVE PAGES NG WITH FORM P. MIT. PAGES 1 AND MIT. PAGES 1 AND ME. DIVISION OF W.		18 CAUSE C	OF DEATH (Enter	anly ane o	cause per line f	ar (a), (b)	, and (c).)			2020	- 		, O CC11	00111	A	PPROXIMATI	INTERVAL
U.	24 HOU TEM 18. LONG V PERMIT.		PARTIDI	EATH WAS CAU	SED BY:				C	orona	ry Oc	clus	ion				uddei	T AND DEATH
-			41	0 -	(DUE TO, OR	AS A CON	SEQUENCE C)F	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1					110		0.04.0	
PRES	XECUTED WITHING" IN PENCIL IN CAL EXAMINER BURIAL-TRANSITAND MENTAL HAND MENTAL HON, OR REMOVA			ns, if any, whi		(6)			Cor	onary	Scle	rosis	3			_		
. ₹	ENTRA REM	35	cause (a) stating the und		DUE TO, OR A	AS A CON	SEQUENCE C										
301	CUTED WITH PENCIL EXAMINUTE EXAMINUTE TRANSPORTED TO MENTAL TRANSPORTED TRANSPOR		lying car	use last.	((c)												
08,3	SHOULD BE EXECURED PENDING, IN CHIEF MEDICAL E E USED AS A BURI OF HEALTH AND IA, CREMATION, C		PART 2 OTHER S	IGNIFICANT CONDITIO	INS CONTRIBL		UT NOT RELA	TEO TO THE TERM	NAL DISEAS	SE OR CONDITI	ION GIVEN IN	PART 1 (a).						
80	D BE EXE	Z																
REC	SED A	AT	19a. DATE OF	OPERATION		196. CONDITI	ON FOR	WHICH OPER	ATION V	VAS PERFO	RMED?					20. A	AUTOPSY:	,
DIVISION OF VITAL RECORDS,	WORD "PER A HE CHIEF A D BE USED ENT OF HEAST OF	MEDICAL CERTIFICATION	1330														YES 🗆	NO
Ŋ. V	m - ~ -	E E		AL CAUSE WAS		216. TIME OF			21c. H	OW INJUR	Y OCCUR	RED LENTER	NATURE OF IN	JURY IN ITEM 18	PART 1 OR P			- Ask
N	CERTIFICATE TING THE W DED TO THE 3 SHOULD I DEPARTMEN RIOR TO BUS	AL	UNDERLYING	OR OR	OF DEATH	HOUR A.M.	MONTH	DAY YEAR										
/ISIC	RETING TO SEE 3 SHOED TO SEE 3 SHOED TO SEE 3 SHOED TO SEE 3 SHOED TO SEE DEPARENCE TO SE	EDIC	21d INJURY			21e PLACE O	F INJURY	(AT HOME,		CATION		-				200		
á	ARITIE DE LE	×	WHILE AT WORK	AT WORK		STREET, FACTO	DRY, FARM, ET	rc.)		STREET			CITY OR TO	WN	C	YTHUC		STATE
	E, W RW/ PA(STA 2120											[7]						
	CAT PO			ify that I taak cho					Autas	1		ian X,	Inquiry		d in my a	pinian		
17.4	BECT BE		death result	ed fram: No	itural caus	ses 🔼	Accident	L.J., Sui	cide L		nicide 🔲	Unde	termined me	anner [],				
	CER CER		ACTUAL	Ba		+ 18	-	. 1		_	(SPECIFY)				DATE	0	1 31	200
- 1	SHO		SIGNATURE	(x Den	Ray	er som	un	eleg/	^	A.D. De	puty	MED	DICAL EXAM	AINER	SIGN	ED_Ö	-6-19	179
	MON DE		EXAMINER'S	NAME Dr	Rone	edict S	ki to	relic	MD		Chim	horl	and, Md					
	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 PRI	22- 0	(TYPE OR PRI	TION.REMOVAL				NAME OF CEA		ADDRESS			OCATION					
		230.B	Buria Buria	TION, KEMOVA		-1979		nset M				CITY	YORTOWN	o ma		YTA		ATE
	BP		UNERAL DIREC		0-7	エフィフ	Ibu	IBSEC III	CHIOT	Tal I		E REC'D B	Y REGISTRA	and,	ELECTION OF THE PARTY OF THE PA	sarry	URE -	
	DHMH - 17 (VR A15 ME (5))		NAMEJame	SF. Sc	arpe.	11 ADDRESS	umber	land.M	d.		I St. DAI	AUG	1 3 197	79	leogto	yA	Che	elig
	15M 7/77				-			711	-			-100				/		



-	1.4	FOR STATE REGISTRAR		STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	3 8 5		
2.4	I. DECEASED NAME FIRST TYPE OR PRINT FLORENC 3. SEX Female		MIDDLE	ROBINETTE	AUGUST 24, 19	10 110011		
ector, po			White ·	5 DATE OF BIRTH MONTH Dec. 18, 1900		UNDER 1 YEAR IF UNDER 24 HRS. NIHS DAYS HOURS MIN		
by the funeral dir filed within 72 hau Cartied at ance.	10 C1	RTHPLACE (STATE OR FOREIGN 7) DUNITRY) H Penna. TY OR TOWN OF DEATH UMBERLAND	MUSA. NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NO NEVER MARRIED NEVER MARRIED NO NEVER MARRIED NEVER MARRIED NO NEVER MARRIED NEVER NE		9 BALTIMORE CITY OR COUNTY OF DEATH			
ly filled in should be	1-130. S	AL RESIDENCE IF NURSING HOME OR C TATE 13b. COUNT Md. Alleg	TY 13c. CITY OR TO	WN 13d INSIDE CITY LIMITS?	Rt.#2 Baltimore F	Pike		
and 2 and 2	IA FA		Mille.	FIRST	WIDDLE	Gillum		
s. Pages 1		VAS DECEASED EVER IN U.S. ARM es, no or unknown) IIF yes. Give to No	WAR OR DATES)		Rt.#2 Baltim	more Pike Md. 21502 APPRENIONSE INTERVAL BETWEEN ONSE AND DEATH		
and the attending please remove carbang lease remove carbang ar remove carbang ar cemanition, ar remover attending events at the contraction of th		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEQ (c)		2 Vigna	- A Id M		
s been signe rmit Then p prior to bur any injury,	CERTIFICATION	PART 2 OTHER SIGNIFICANT CO		D DEATH BUT NOT RELATED TO THE TERM	200 AUTOPSY? 20b. IF YES, V	VERE FINDINGS USED		
ng physician. certificate hai urial-transit pe iental Hygiene Item 18 shaws	MEDICAL CERTIFI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	P.M.	19	YES NO YES	NO [
e. After this see as the bue ealth and M	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (th.)	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	8/02 7	1, to CITY OR OWN	COUNTY STATE		
y the hospital	1	Specific deceased of a specific specifi	we the boy after death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1221. DATE SIGNED 19		
etained by TO FUNER, should be d with the Sto		DR. W. GUY	FISCUS		BERLAND, MD. 21			
BP		Burial Burial	23b. DATE Aug. 27, 1979 C	NAME OF CEMETER FOR THE MISSING ENTERVISION OF CEMETER FO	- 173d LOCATION	ounty edford Pa.		

DHMH-16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR ADDR404 Decatur St. Silcox-Merritt Fun'l Ser. Cumberland, Md.

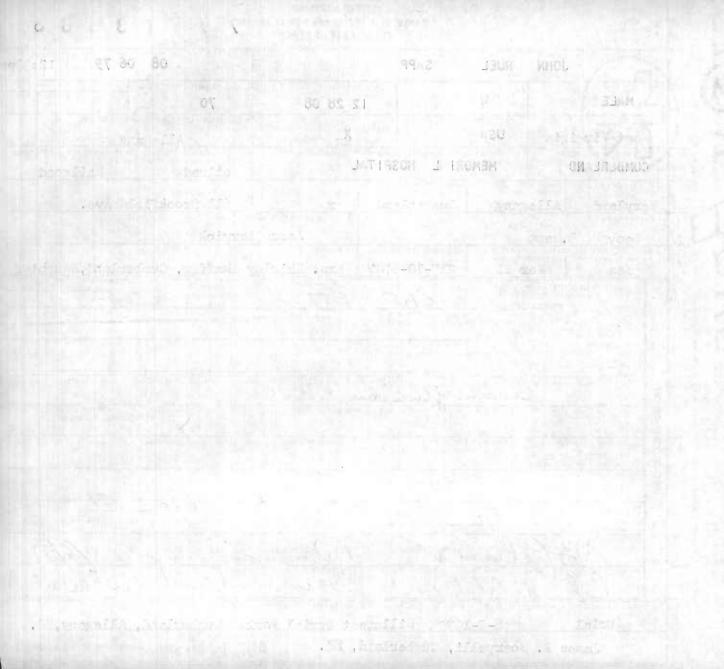
AUGUST 24, 1979 5:00A FLORENCE L. ROSINETKE ec. 18, 1900 .i.E.T.T., supply CUMBERLAND HATTORON JAIRONS ----Md. Fllerany Curborland r H. 2 altipro Llowoll. SIT OTO IMA G. JE 238-A8-ER 2 log free believe of the erland, Md. 21502

that allinde to mor ul'an le du

.s but a liveria charting

MEMORIAL MEDICAL OLOG. CUMBERLAND, NO. 21582

. C' CA'II ') Though and the or or or or or or FOR



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME (TYPE OR PRINT) Sawhney Lakhinderpal Singh DEATH MATED August11, 4. RACE 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS SI BIRTHDAY) Male White 10-27-55 DEAD 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED India India Allegany O CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Memorial Hospital--DOA Student Student High Germany oad Tto County 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Wood Bridge Rd. Mary land Baltimore 5. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE Lakhinderpal Thakar Jswant Kaur Bhasin Singh 17. INFORMANT ADDRESS 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Pavanjit Lakhinderpal -- Catonsville 215-90-4386 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Minutes Asphyxiation IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF 11 Drowning Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 16. TIME OF INJURY 210 EXTERNAL CAUSE WAS HOUR A.M. MONTH DAY YEAR Drowned while swimming UNDERLYING CONTRIBUTING CAUSE OF DEATH 2:11 5.M. 9-11-79 21d. INJURY OCCURRED WHILE AT WORK High Germany Road, Allegany, Maryland Farm Pond 22a. I certify that I taak charge of the remains described above, held an Natural causes 8-11-79 MEDICAL EXAMINER Benedict Skitarelic, M.D. R#9, Cumberland, Maryland Security Process Catonsville Baltimore Cremation 24. FUNERAL DIRECTOR MacNabb Funeral Home Catonsville, Md. (VR A15 ME (5)) 15M 7/76

V E L 8 B. L Servention in the enterior ----Trenties William State of Francisco to take the state of the austra-ili eta intidia de li asver il policio interitate estana comencia e ereste e eguisico e estana Service of the servic er-17-0. The second

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 1 DECEASED NAME FIRST 20 DATE OF DEATH (TYPE OR PRINT) Snider Grace 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) 3 SEX WHITE MONTH DAY YEAR female CRICKSKER 7a. BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Corrigansville WIDOWED DIVORCED T 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Frostburg Frostburg Comm. Hospital BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g. STATE 13b COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS pino Maryland Allegany Cumberland BOX 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME O FIRST MIDDLE LAST FIRST MIDDLE 20 Josiah Burkett Rebecca ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INEORMANT 16b SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 209-03-8815 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY W. PRESTON ST., IMMEDIATE CAUSE Conditions, if ony, which gave rise to immediate cause (a), stating last underlying cause DIVISION OF VITAL RECORDS, 201 Then p. CATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 AUTOPSY? 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION Ъ per NO Hygiei 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mental MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER P.M 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION ā CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from, saw the deceased alive on 74 3 above, (1) (we) (did) (did not) view the pady after 22b. SIGNATURE DEGREE ATTENDING MEDICAL + STAFF be deta e State FUNERAL PHYSICIAN 274 PHYSICIANS NAME (TYPE OR PROTE 22e. ADDRESS ld b MPORT, Shin E. Kim, M.D. 23d. LOCATION 23t. NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION REMOVAL 23h. DATE (SPECIFY BURIAL RESTLAWN MEMORIAL PARK LAVALE 8-29-1979

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MONTH YEAR 2h HOUR IF UNDER I YEAR IF UNDER 24 HRS DAYS HOURS

BALTIMORE CITY OR COUNTY OF DEATH

Allegany Co.: Frostburg 12b KIND OF BUSINESS OR

INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) WESTERN RET TELECRAPHEE

Cash Valley

1.651 Baker

STATE OF MARYLAND

Business APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

COUNTY STATE

and that in (my) (our) opinion death occurred in the date and hour and fram the couses stated 22c. DATE SIGNED

DIRECTOR PHYSICIAN

250. DATE REC'D.

Tarn Terrace, Frostburg,

STATE COUNTY ALLEGANY MD

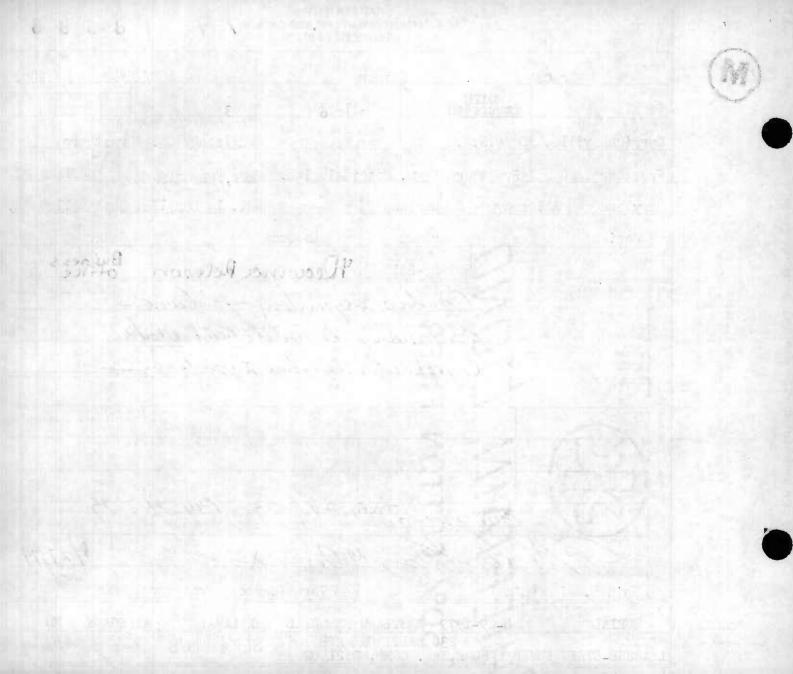
24. FUNERAL DIRECTOR 230 BALTIMORE AVE NAME

LEASURE-STEIN FUNERAL HOME.INC. CUMB.MD.21502

BY REGISTRAD 256. REGISTRANG SIGNATURE

DHMH - 16 50M 1/76 (VR A 15 (4))

FOR



IMPORTANT: If them 21 is marked ar Item 18 shaws any injury, ar ather traumatic event, the

FOR

ST	ATF O	F M AR'	YLAND

8 5 8

STATE OF MAKILAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.	3	
1. DECEASED NAME (TYPE OR PRINT)	FIRST		MILY		AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	Ce	elia	NMI	V	rieze	8/8/79			7:10a M
3. SEX		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	HOURS MIN
F		whit	e	5/	12/ 1900	79	YRS	VINS DATS	MIN MIN
D. BIRTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O	FDEATH	
Maryland		1100		WIDOWE		A TO			MD.
10 CITY OR TOWN OF DEATH			NAME OF HOSPITAL, NURSING HOME OR OTHER I		OR OTHER INSTITUTION	12a. USUAL OCCUPAT		126 KIND C	OF BUSINESS OR
Frostburg	, Md.	and the same of th	urg Commi		Hospital	RETIRE		INDUSTRI	
USUAL RESIDENCE (IF	NURSING HOME OF	OTHER INSTITUTION	I, GIVE RESIDENCE BEFOR	E ADMISSION	134. INSIDE CITY LIMITS?	13e STREET ADDRESS	0		
Marylan	d Ga	rrett	Grants			GOODWILL 1	MENDONI	TE R	OME
4 FATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME			
unkn	OWIT ROB	ERT E.	LEE MCFA	RLIN	AN AN AN AN AN AND THE THE PARTY OF	A company of the comp	LIA	CU	RTIS
60 WAS DECEASED E	VER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDR	ESS		
THETOWN	N.A	WAR OR DATES)	262-98	3-0544	JA MALLE	RY			
18 CAUSE OF D	EATH (Enter ar	nly ane cause pe	r line for to , an	id ic y	1.)			APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
PART I. DEAT	H WAS CAUSE IMMEDIA	D BY. TE CAUSE (a)	Cen	Obra	1 Through	rais		10	lers?
4290		DUE TO C	R AS A CONSEQU	ENCE OF		0 0 1			
Conditions, if	any, which	((b)_	ACV	0 -	Chronic & C	Erebast .	lelera	20	grs :
gove rise to cause (a), s		DUE TO. O	R AS A CONSEQU	ENCE OF		C.			1
underlying co	ause lost.	(c)_							
PART 2. OTHER	SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	IDITION GIVEN	IN PART 1	01
ē					NE	300			
190 DATE OF OPI		196 CONDITION FOR WHICH OPERATIO		N WAS PERFORMED	200 AUTOPSY?		WERE FINDINGS USED ING CAUSES OF DEATH?		
	VONE			e		YES NO	YES [NO 🗆
OR CONTRIBUTION	-	21b. TIME C	OF INJURY .M. MONTH D.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART	1 ORPART 21	M-15-35
OR CONTRIBUTING (IF EITHER, NOTIFY M 21d. INJURY OCC	EDICALLAMER	P	M. V	19	L			- V	200
			OF INJURY REET, FACTORY, OFFICE, I	FARM: ETC.1	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
AT WORK	T WORK		v						
,		- Dor	ne deceased from_		EPT1 , 1977				that (I) (we) lost
saw the dec	eased alive an e) (did) (did na	t) view the bady	after death.	74 , ar	nd that in (my) (our) opinion	death accurred on the d	ate and haur o	nd from the	couses stated
The SIGNATURE	- 9	(v	Co A	6	EGREE			22c. DATE	SIGNED
m	areu	XUXO	Wille	(1)	MeD ATTENDING PHYSICIAN	MEDICAL STA	CIAN 🗌	08/	08/79
22d. PHYSICIAN'S	NAME (TYPE O	RPRINIT			22e. ADDRESS				
Dr. M	. Roths	stein			Broadway, Fro	ostburg, Md	. 21532		
230 BURIAL, CREMATIC	ON, REMOVAL	23b. DATE	23c. 1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		UNIV	STATE
BURIAL		8/10/	79 H	TLLCR:	EST CEMETERY	QUINCY	G ADS	ON, F	LORIDA

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

8/10/79 HOME 60 W. **CEMETERY**

G

ADDREFROSTBURG, MD. MAIN ST.,

REGISTRARY SHEMATURE

ZIL M. ZELENENSKE TE W. ZO - Y CHARLES AND THE TANK THE THE STREET S THE STATE OF THE PROPERTY OF THE PARTY OF THE PARTY. Some les tipes and on participant . SE PEAR . DO. THE TAR THE RE.

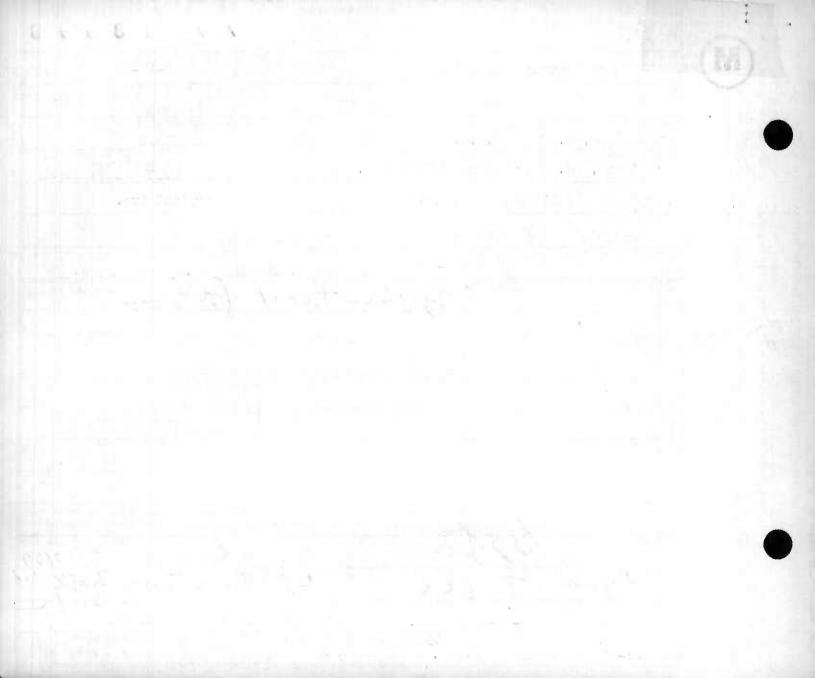
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

(VRA 15, 4) 7/78



(VR A 15 (4))



HORMAN J. WHITE

CUMBERLAND MEMORIAL HOSPITAL

artification necessari

. L. Creston Mariant Att.

A LANGE TO THE LOSS

dastra oslite educa

the state of the state of the same that the state of the

AUGUST 13. 1970 11.260

8-16-79

Decompose peaks all Vo. Ave

CUMPERLAND, MD. 191509